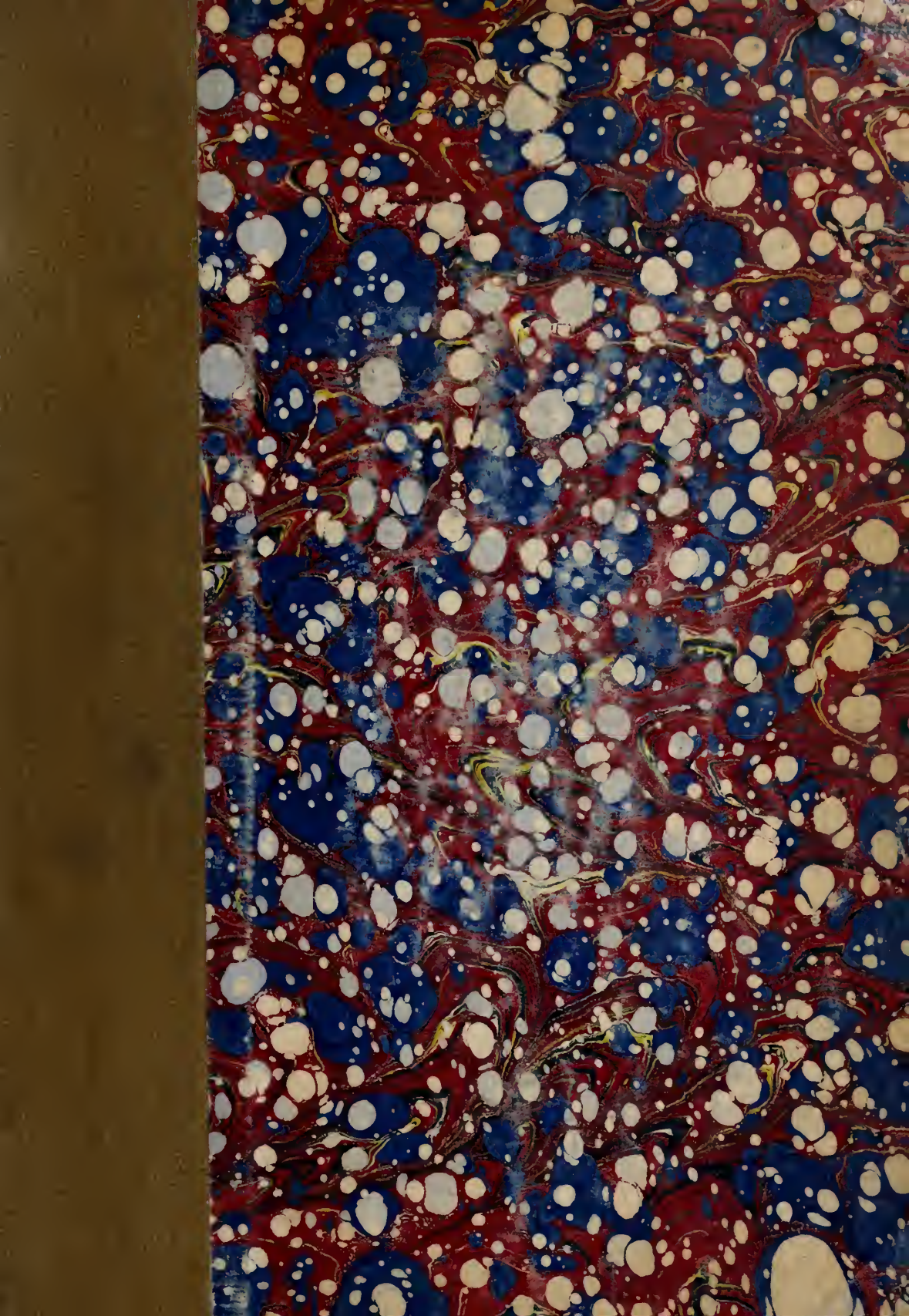

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THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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AND

The California Medical Journal

(Published by the California Eclectic Medical College)

1914

O. C. WELBOURNE, A. M., M. D., Editor

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The California Eclectic Medical Journal

Vol. VII. JANUARY, 1914 No. 1

Original Contributions

SOLILOQUY

Oran Newton, M. D., Long Beach, California

When asked to write an article for our society or journal, we are often at a loss to select a subject or topic about which to write. It is true it is difficult to write anything about a given subject, that has not been written and discussed many times before. It is the thought and object of everyone to write something new, something modern, and to be original, and to avoid long text-book abstractions.

In this modern day, where theories rage rampant concerning medicine and the cause of disease, and when, after perusing much literature upon the subjects of 606, Friedman's turtle serum, Abderhalden's test for determining the early diagnosis of pregnancy and many other fads and fancies just as erratic, usually our poor fagged brains are too tired to even think.

We, as Eclectics, at times are forgetful of the principles that brand us as such; forgetful of the principles taught us by our fathers and forefathers of Eclecticism; forgetful until some old father, who has been pursuing the even tenor of his way, successfully juggling specific medicines, steps in and takes charge of our patient, which gives a shock to our dignity and a jingle to the dollars in father's pocket.

After studying the botanical description, symptomotology and dosage of a drug, we are sometimes possessed with the idea that this is all we need to know about it. Then we go out, and the first patient we get that has a fever, nervous excitation, flushed face and bright eyes, we give gelsemium. Do we get results? No; not always. Why? Because we have paid no attention whatever to diagnosis. We have not familiarized ourselves with that patient's condition. For example:

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We are called to see a patient—a boy who has been loaded up on peanuts and candy and who presents the symptoms just described. Would we give gelsemium and expect to cure our patient? Most certainly not. We would land on that patient with a dose of castor oil or something else just as potent to clean out his dirty intestinal tract, and which would be more the indicated remedy. Some effect upon the fever and nervous excitation may be obtained from gelsemium, if it be absorbed in such a condition. How many of us know physicians, who prescribe like this and who swear in seemingly righteous wrath that no action is to be obtained from certain specific medicines?

An Eclectic once said he did not have any faith in dioscorea. When asked his reason, he replied that he once gave it to a lady who was passing gallstones and it did not relieve the pain at all. This same doctor did not stop to reason that even one-half grain of morphine does not always accomplish the results he expected from dioscorea.

To be a specific medicationist, we must be able to diagnosticate correctly. We must make a thorough study of medicine and the symptomotology of disease, which of necessity compels a study of the pathology. A patient presents himself with many and all of the symptoms of tape worm. We make diagnosis: tape worm. When we line up for treatment, would it be reasonable or scientific to give hydrastis for atonicity of the stomach and expect results, without first giving something to relieve the cause of the whole condition? It behooves us to look well to our diagnosis and probe to the bottom before condemning any drug, lest we ourselves err.

Occasionally we meet a man who has attended and graduated from an Eclectic College, who attempts to tell us that Eclectics never have and never will accomplish anything; and that he has allied himself with the brighter lights of a more dominant school. If he so chooses, that is his right and happy privilege. But we cannot refrain from thinking that truly Eclecticism did not accomplish much when it unfurled him from its bosom.

Again, we know a man who rides the top rail of the fence, ready to flop on the side the hat falls, Eclectic or Allopath, who uses specific medicines, but claims that he does not get results, who is not loyal to our Society and caters to the opinion of others "not Eclectic" concerning the action of coal tar derivates and other preparations. This, too, is his happy privilege. But neither can we serve two masters. We are not justified in stooping to unkind words and should remember that we probably have not a monopoly on all that is best. If there is nothing new under the sun, there are many of the old re-

liable specific medicines about which we know little or nothing. After proving many things, hold fast to that which is good.

In this, the New Year, let us be more loyal, work more, do something, start something, if only a few merry ha ha's; be more zealous lest we become a has-been or be found wanting in trying to serve both God and Mammon.

DOUBLE SULPHIDE

A Superlative Antiseptic

A. S. Tuchler, M. D., San Francisco, Cal.

Read before the State Eclectic Medical Society of California, May, 1913.

This valuable remedy should be known better than what it is, therefore I call it to your attention.

The direct indication for its use is, a coated tongue and red papillae, also a yellow-coated tongue with a red base and red papillae prominent.

With these indications one would readily find a place for it in typhoid fever, and where the indications call for hydrochloric acid the remedy is then especially indicated. In this disease it is my practice to allow the patient to have as much water as he wishes, acidulated with hydrochloric acid so as to make a pleasant drink. The double sulphide is given in one-grain tablets every hour for about eight to ten hours, then every three to four hours. This treatment will materially shorten the duration of the fever. It will prevent tympanitis, also stop hemorrhage of the bowels.

In cancer, especially, is this a valuable remedy. The indication calling for it is: A coated tongue with red papillae. It will destroy the germs of cancer, and is an excellent antiseptic to the stomach and bowels.

It will be found invaluable in septicemia, whether puerperal or otherwise. In the eruptive and contagious diseases it is unexcelled. Smallpox will be materially shortened and the contagiousness of the disease lessened, if the patient is saturated with the remedy—the breath and the perspiration will have the pronounced odor of the antiseptic—as the patient remarked, "like rotten eggs."

The formula for this remedy is as follows:

Slaked lime, four pounds.
Magnesium sulphate, one pound.
Sulphur, one pound.
Sugar, three pounds.

Mix. Calcine at three hundred to four hundred degrees Fahrenheit, for two hours in a closed oven, let it cool off from

four to six hours before opening the oven, then powder and keep in well-stopped bottles.

Calcium, magnesium and sulphur are important chemical elements of the body and a chemical change of these three elements by heat gives rise to a fourth compound, sulphurous acid, which is a tonic and germicide, and when liberated in the body soon makes itself manifest in the secretions and excretions.

In comparison with calcium sulphide, the therapeutic results of the double sulphides are far better, owing to the sulphide of magnesium in the latter and which has a soothing and healing effect on irritated and ulcerated mucous surfaces. So this double sulphide of calcium and magnesium together will give us better results than either of the single sulphides alone.

We are indebted to Dr. William H. Burgess of East Chattanooga, Tenn., as the originator of this excellent antiseptic.

PROSTATECTOMY

Dr. O. C. Welbourn, Los Angeles.

Read before the Southern California Eclectic Medical Association.

Prostatectomy is like many other major operations in that it can be performed with safety, if done before the patient has one foot in the grave. An enlarged prostrate which elevates the vesical orifice to such an extent that there is a considerable amount of residual urine has created a condition which eventually means a fatality. The usual treatment is to catheterize and irrigate. Sooner or later the bladder is infected and the troubles multiply. An ascending infection reaches the kidney and general sepsis may be expected to close the scene. A better method of treatment is to remove the prostate and restore the function of the bladder before the patient enters upon the catheter stage. When done at this period prostatectomy is both easy and safe, but when done as a last resort it is both difficult and dangerous.

In performing prostatectomy one of two routes usually is selected—supra-pubic or perineal. Each route has earnest advocates, but it has seemed to the writer that the choice depends largely on the peculiar anatomy of the patient. A high pubic arch makes a supra-pubic operation difficult, while a deep perineum makes a perineal operation difficult. The main point is to get at the prostate with facility.

In performing supra-pubic prostatectomy the incision is made in the same place and manner as for supra-pubic cystotomy. The base of the bladder overlying the prostate is then

split and the gland shelled out, leaving the capsule behind. Occasionally the three lobes can be removed in one mass. Frequently the removal of the middle lobe is sufficient. Control the hemorrhage; pack if necessary. Insert a self-retaining catheter and close or reduce the original incision.

In performing perineal prostatectomy the superficial incision is made in the same place and manner as for lithotomy, and in a like manner the deep incision is carried into the bladder. With a retractor the prostate is pulled down as far as readily possible. The capsule over each lateral lobe is split and the gland shelled out, leaving the capsule behind. The middle lobe is removed in a similar manner. Control the hemorrhage; pack if necessary. Insert a self-retaining catheter and close or reduce the original incision.

Following prostatectomy, by whichever method, it is highly desirable to get the patient out of bed during the first week. Unless the patient is a general wreck, recovery is quite rapid and the results obtained fully satisfactory to all concerned.

ITEMS FROM A POST-GRADUATE COURSE AT EDINBURGH UNIVERSITY

E. R. Petskey, M. D., Diamond City, Alberta, Canada

As the European people, customs and countries have in a previous issue of this Journal, been descriptively dealt with, I shall confine myself mostly to the hospitals and operations and technique.

The first thing that strikes the post-graduator is the number of charitable institutions to be found in the large cities. In spite of their number, these hospitals all seem to enjoy a rich endowment and are very well kept.

Secondly, one is impressed by the number of patients who are kept out of doors day and night, in all conditions of weather. In those hospitals where no conveniences exist for keeping patients out in the open, one finds all the windows kept open. There is a great fresh-air movement going on in Europe at the present time. Professor Alexis Thomson, who is the professor of surgery at the Edinburgh University, remarked to me one day: "We have a very fine hospital in the Royal Infirmary, only it was built before its time; instead of having four walls to each ward, there should be only one." Such is the clamor for fresh air among the profession abroad. To one going from California to visit the wards there with the open windows, it is amazing how the patients manage to keep warm with only one or two blankets over a sheet for covering.

Technique

Different operators have differing ideas. Some use the

modern antiseptic solutions in the operating-room, while others use nothing but sterile water. The majority of them use lysol for sterilizing the hands and lodine on the field of operation.

Preparation of Patient

The night prior to the operation they shave the neeessary parts and wash the field of operation with lysol sol. and then with ether and then with methylated spirits to make the parts harder, and then eover with a sterile towel and put a bandage over this.

Operating Time

The field is washed with methylated spirit and painted with Iodine. Here the tineture of Iodine is used (do not paint the serotum. Then Iodine on the seeond and third day of dressing. They elaim that Iodine produees phagoeytosis, which aets anti-baeterially.

Patient as a Whole

Until the day prior to the operation, the regular breakfast is given, at one o'eloek dinner, but this eonsists mostly of liquid food. Tea and toast in the afternoon. A glass of milk at night. About two in the afternoon of this day one to two tablespoonfuls of eastor oil is administered. If the aetion is not good, two teaspoonfuls of turpentine are given in addition.

If the patient is very nervous and eannot sleep he is given heroin or bromide.

At five in the morning of the day of operation the patient gets tea or beef-tea and then nothing more, exeept perhaps a little water if he is thirsty.

Post-Operative Treatment

As soon as he feels he ean take nourishment he is given a little beef-tea. In stomaeh operations they give fluids a few hours after the operation. In twelve hours' time nourishing foods are given, as albumen water, whey with a little lemon, custards and so on.

In reetal eases the bowel is emptied a day or two prior to operation and enemas kept up till before the operation; and then the same routine as above is earried out, only that the liquid diet is prolonged.

Taken all around, the teehnique in Europe does not stand on a level with that in our Amerieaan hospitals.

Operations

Owing to the amount of material at hand at the Royal Infirmary, Edinburgh, and to the number of operators, one is given an opportunity of witnessing most every kind of operation. As spaee is somewhat limited I shall here touch on one operation and that is, "The surgieal treatment of Epispadias in the Female." This operation was performed by Harold

Stiles, M. B., F. R. C. S. E., who is surgeon to the Royal Edinburgh Hospital for sick children, and ranks among Edinburgh's most famous surgeons.

I have chosen this operation because it is one which so many seem to be unfamiliar with and one which is at present causing a great deal of comment. The operation consists of transplanting the divided ureters into the intestine.

This operation seems to be physiologically sound and more likely to prevent kidney complications and carried out with greater simplicity than the methods formerly employed.

Many experiments have been performed on animals and met with rather ill results. Mr. Stiles attributes these to either immediate or remote complications, the chief among the former being peritonitis, due either to peritoneal contamination at the time of operation, or to a subsequent leakage of urine or feces, to undue traction of the urethea, or to local sloughing; of the remote complications the most important is that resulting from an ascending infection of the kidney, either apart from or associated with hydro or pyonephrosis, the result of cicatrization and stricture at the seat of implantation.

The best course to adopt in epispadias without extroversion of the bladder is to expose and divide the ureters as close to the bladder as possible, intraperitonically, and then transplant one at a time into the lower part of the pelvic colon. About three to four weeks are allowed to elapse between the transplanting of the two ureters.

The patient is placed in the extreme Trendelenburg position. An incision is made extending from the level of the umbilicus down to almost the pelvic crest, and a little internal and parallel to the outer border of the rectus muscle. After dividing the skin and anterior layer of the sheath of the rectus, the fibers of the muscle are separated, exposing the deep epigastric vessels which are divided between two ligatures. Next the abdomen is opened by dividing the lower part of the posterior layer of the rectal sheath, the fascia transversalis and the peritoneum. Pack away the coils of the small intestine and pelvic colon by means of two strips of gauze, one being passed towards the left side and the other upwards; the ovary and fallopian tubes thus come into sight; the ovary is below and anterorily at the level of the inner border of the psoas, close to the internal abdominal ring. These structures with the adjacent part of the broad ligament are packed downwards and to one side by a third swab. The ureter is now visible through the peritoneum as a yellowish cord crossing the termination of the internal iliac artery and then passing downwards and forwards toward the base of the broad ligament a little below the infundibulo-pelvic ligament and the ovarian vessels. The

peritoneum is now picked up on either side of the ureter at a level of the brim of the pelvis a little below the termination of the common iliac artery. By making traction on the forceps a fold of peritoneum running at right angles to the ureter is pulled forward into the wound. A small incision is made at right angles to the peritoneal fold along the line of the ureter. Care must be exercised not to injure the small ureterie vessels, which will be seen upon the surface of the ureter. The small opening in the peritoneum is enlarged with scissors upwards and downwards along the line of the ureter. The ureter with its vessels is now freed from the extra peritoneal cellular tissue by a blunt dissection upwards to the brim of the pelvis and downwards to base of broad ligament. Here must avoid injuring the ovarian vessels, which run a little above and external to it. With the aid of an aneurism needle and catgut the ureter is ligatured a short distance above the bladder. The ureter is then divided above the ligatrue, and touching up the stump with sublimated Iodoform, it is allowed to drop back into the pelvic cellular tissue. Before dividing the ureter, apply a light pair of forceps to the upper end of the freed portion in order to prevent the escape of urine, during implantation of the divided end into the lowest part of the pelvic colon.

Preparatory to this step, a guiding and fixation catgut suture is introduced into the ureter as follows:

A fine curved needle is threaded on to each end of the suture and made to transfix the whole thickness of the wall of the ureter from within, outwards, about one-fourth of an inch above its divided end, the two needles being made to emerge at a distance from each other equal to about one-third of the circumference of the ureter. Thus a loop is left inside the lumen, the two ends still having the needles attached. The freed portion of the ureter along with the catgut and needles, is then folded over the upper edge of the wound and covered with a swab.

All swabs having been removed, the lowest part of the pelvic colon is pulled up into the wound and a loop of about three inches is lightly clamped off. Again cover the peritoneal cavity with gauze packs around the loop and make a transverse incision, about one-fourth of an inch long, down to, but not through, the mucous membrane on the antimesenteric aspect at the junction of middle and lower thirds of the clamped off portion. Make a small opening into bowel by snipping off the apex of a tiny divertieulum of mucous membrane and pulling forwards by fine conjunctival fixation forceps. The end of the ureter is now drawn through the opening and fixed within the lumen of the bowel by the fixation

of the suture. This is done by pressing each of the needles into the opening so that they transfix the wall of the intestine from within outward about one-fourth of an inch below the opening and at the same distance from each other. By drawing on the suture the end of the ureter is pulled towards the small opening in the bowel and gently coaxed through it by the aid of a probe. The whole circumference of the end of the ureter being within the bowel, the loop is drawn taut and the two ends knotted on the outer surface of the intestine. Catgut is here used instead of silk on the theory that silk would aid a deposit of phosphates and further, this suture is only a temporary one.

The permanent fixation suture is applied on the Witzel-gastrostomy principle. Two parallel folds of the intestinal wall are united over the implanted ureter by means of a straight needle and continuous suture of fine linen thread. The folding over process is commenced three-fourths of an inch below the entrance of the ureter into the bowel and continued for an inch above it. During the introduction of this latter portion of the suture, the needle, after picking up a sero-muscular fold on the one side of the ureter, should, before it traverses the fold on the other side, pick up a portion of the wall of the ureter, but without entering its lumen.

After removing the gauze packs and introducing a fresh set to pack away the ovary and intestines, the divided peritoneum upon the floor and posterior wall of the pelvis is united from below upwards, by a continuous catgut suture; a small opening is left at the uppermost part for the passage of the ureter. Care must be taken not to include the ovarian vessels. In order to overcome the possibility of a subsequent strangulation, see that the portion of the ureter which passes from the opening in the peritoneum to the site of implantation is as short as possible, and for this reason the implantation should be made as near the rectum as possible.

For the closure of the abdominal wall silk-work gut is used, which is removed about the twelfth day.

After witnessing the above operation, a young girl was brought into the operating room, who had been operated upon six years ago, and to all appearances was a normal healthy child. Her mother, who accompanied her, stated that the girl enjoys complete continence both day and night.

PAVE THE WAY.

C. D. R. Kirk, M. D., Shuqualak, Miss.

I have carefully given every remedy that was specifically indicated, and yet just a little more was needed. Many cases will "hang fire" until new symptoms appear and the case slowly enters the second stage, there to remain, yet we cannot find the very cause for it. Something has been wrong in spite of our vigilanee, and the case continues to drag on from bad to worse. Nature, vital tensity may come to our aid, but consultation scareely ever unravels the cause, but doctor No. 2 divides responsibility with us, i. e., if he is an honorable man. The following shotgun has come to my relief in many such cases, indeed I do not now care to practice without it:

℞ Seven parts of aeetanalid, two parts soda, one-half part tartone, and mix by thorough grinding. To every No. 2 eapsule of this power add one-sixtieth (1/60) of nitrate of strychnine. To change the color, a dram of Pruciate of iron is added to every pound, which gives it a slightly blue color. Get at the amount of strychnine by weighing a No. 2 eapsule of the powder and add the strychnine before triturating. Give a No. 2 eapsule every two hours while there is fever, and cover the intermission by moving up to three hours and adding a No. 2 grain capsule of quinine.

I might write all the Journal would accept about this shotgun without giving its true merits or worth to the busy physician, and if I do not add any other remedy of value to the profession, like the woman who invented apple dumplings, I should have a clear title to the doctor's great beyond. The compound does not take the plaee of other indicated remedies, but it paves the way for their kindly action. The cathartics, calomel or others, act more promptly and efficient, as does sedatives, antiseptics, anodynes, etc. In treating typhoid fever find the specifically indicative sedative and antiseptic and give them together; if fluids, in small doses every hour, and my shotgun every two hours, No. 2 capsule to adults. Of course every obstruetion to the functions of all organs must be looked after and marked, specific indications replaced by other remedies as they disappear. The result is an intermission in typhoid fever in from twelve to eighteen days. There is no difference in treating other diseases. Treat the indications and associate every remedy with "Kirk's Blue Capsules," as they are known far and near in this country, and, my word for it, the doctor will soon have a success that he did not dream of. I have not lost a case of pneumonia, typhoid-fever, malarial or any fever that prevails in this country, since the inception of my shotgun. It relieves the bad cold sufferer rapidly, espe-

cially when mild purgatives are added. There is no harm in it, as I have ordered it given every two hours in cases of fever, for from fifteen to twenty days. It takes care of the nerve centers and "shows up" with gelsemium or belladonna.

In fine, I do not know a remedy it will not assist in either a condition of atony or excitation. It controls the direct sedatives and antipenodics with a marked power—it blows hot and cold. Try it, doctor.

A PHARYNGEAL IRRIGATOR

Dr. F. J. Cook, Los Angeles

The value of hot applications to the throat for the relief of inflammation, reducing swellings, cleansing ulcerated surfaces, allaying pain and hastening cure by its thermic and absorbent properties, is beyond question. The difficulty has been to find a way of administration more direct than fomentations or hot packs to the parts.

Not only in the post nasal and pharyngeal space, with the surrounding tissues, is the method I shall describe of value; organs somewhat remote, as the eye, ear and nose, are included in its sphere of action, and taken alone or as a premedication measure, it is well worth considering, far superior, in my experience to gargles, sprays, powder blowing, etc., etc.

I do not omit external applications or any other means for combatting all abnormal conditions present, and the results have been very satisfying.

The instrument is very simple, consisting of three tubes so assembled that a constant in and out flow is possible; commencing at the indifferent temperature, the heat is gradually raised to the point of toleration and maintained so for some time; the results are a clean surface, secretions increased, active hyperemia of the parts, in some cases diaphoresis, and always the pain accompanying is relieved. Local relaxation favors the elimination of toxins with the causative micro-organism themselves.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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EUTHANASIA

A great deal of nonsense has been written under this caption. Literally translated from the Greek, the word means a "good death" and nothing more. Those of our readers who have been in practice a number of years will bear witness that death usually is a "good death." That is, physical or mental suffering on the part of the patient is rarely seen. The end of life generally is as painless as its beginning, with unconsciousness as its conspicuous feature. So much has been written to the contrary that hypersensitive souls have imagined agonies which never exist. For the sake of these let us upon occasion turn the conversation into other and more profitable channels.

ATTENTION, PLEASE!

In our last issue we stated that Prof. Ellingwood would arrive about the middle of January to begin his lectures on Eclectic Practice and materia medica to the proper classes in the C. E. M. E. More recently it has been decided that this work will begin on January 12th.

In addition to this undergraduate course Prof. Ellingwood has consented to give a few lectures on subjects of interest to those who are now in active practice. The object being to throw light on those complicated and difficult problems which constantly arise. This course will be practical in character and it should be attended by every man who possibly can arrange to do so.

Dr. H. Ford Scudder will be glad to give further details upon request.

THE STATUS OF THE AMERICAN MEDICAL ASSOCIATION UNDER THE LAW

Much interest has been aroused by the announcement of the decision of the Appellate Court of Illinois in connection with the quo warranto action recently brought by a prominent Chicago physician, Dr. G. F. Lydston.

This decision is to the effect that the American Medical Association as now conducted, is, in the abstract, an illegal or illegally conducted organization. While this has long been claimed in certain quarters, this verdict of the next to the highest court in Illinois is practically conclusive. Many grave questions arise at once and it certainly behooves the members of this great American institution to study the situation in detail.

Surely, if one were a trustee of a widow and her children, and the funds in his hands as trustee were invested in a definite piece of property, it would be a matter of vital interest to him, if the words "honesty, integrity and responsibility" mean anything, to obtain all possible information bearing on the rights and soundness of his action before placing, for instance, a first mortgage on that property. If his rights in the premises should be open to question in any way, and the trustee learn this through having the fact called to his attention repeatedly, he would hardly be considered a safe and responsible agent if he wilfully opposed all efforts to show him his rights and privileges under the law—and failed to welcome a definite legal ruling on every point pertaining to the property under his care. There is a close analogy between the foregoing and the problem which confronts the management of the American Medical Association.

The property of the American Medical Association has reached enormous value. This is important, of course, but the integrity of the Association is the point at issue. The basis of its organization and its system of control—the direction of its affairs—present the fundamental problem, therefore, for the actual existence of the Association is threatened if

its foundation be illegal in even the slightest respect. With this a matter of deep interest and concern to the individual members—as it certainly is—it surely should be no less so to those who are acting as stewards of the institution; certainly these stewards should welcome with enthusiasm anything and everything in the way of a definite, sound, legal judgment, which if they are secure in the consciousness of their fidelity and integrity, can only emphasize the correctness of their position and the faithful performance of their stewardship.

No honest man will persist in a definite line of procedure and then fight for the maintenance of that procedure after it has been shown to him beyond all possible question to be wrong and illegal. The honest man will call an instant halt, "box his compass," ascertain "where he is at," and direct his course accordingly.

Of course any man may inadvertently do something which others may object to. Everyone, however capable and honest, may make mistakes in good faith. But when it is called to the attention of an honest and responsible man that his acts are improper or contrary to his rights, that man will stop short and accept with gratitude, the proffer of sound, unbiased counsel from responsible sources. On the other hand if the reverse occurs, and the individual who is the trustee of vested interests refuses to allow his acts to be reviewed or questioned, and continues to pursue the same course regardless of opinion, it is natural to turn to something besides stubbornness for the underlying or ulterior motive.

Let us look the situation squarely in the face, as it concerns the American Medical Association. A little history may not be out of place.

It has been repeatedly suggested that the basis upon which the American Medical Association has been conducted, during the past few years, is illegal. Notification to the parties in power although given repeatedly and in the most unselfish spirit, has, at best, received scant courtesy. Every effort in fact to obtain recognition upon the subject has been vigorously opposed.

All the usual channels having been blocked, the only possible avenue for the determination of a matter so vitally important was the courts. The American Medical Association being incorporated under the laws of Illinois, the courts of that state became the logical field of battle. To proceed properly, it was necessary to institute "quo warranto" proceedings. As generally understood, such proceedings are a matter purely of friendliness, undertaken to determine "the right" between parties opposed to each other.

Dr. G. Frank Lydston, one of the foremost medical men

of the country and for many years a member of the American Medical Association, has chanced to be the champion of his colleagues in the Association in the justifiable and commendable effort to determine the true status of the organization and the rights of its members under the law. Unless those in the official control of the American Medical Association have had some ulterior object in combating every properly instituted effort to determine the legality or illegality of the present organization, it would seem absolutely indefensible that they should have fought the issue from every standpoint. It may or it may not be a coincidence, but it is at least unusual that the lawyers who represent the officials of the American Medical Association are the very men through whom a quo warranto action would ordinarily be brought in the state of Illinois. Dr. Lydston in seeking permission to serve proper papers upon those in control of the American Medical Association affairs not only encountered this situation, but was met by the most strenuous opposition at every turn. Why did the American Medical Association's officials fight so vigorously against—instead of graciously welcome—a decision which would eliminate all occasion for criticism, and establish the legality once and for all of the ground upon which they stood?

It is altogether proper and becoming, and far beyond the charge of captiousness, that we ask this question which is so fraught with significance to every member of the Association.

Fortunately, Dr. Lydston, a man with the heart of a lion, a keen brain and indomitable pluck, could not be squelched by the mere fact that the "quo warranto" officer of the state of Illinois refused to co-operate with him and preferred rather to support the Association officials. With grim determination he took the matter into the lower courts as best he could. We make no comment regarding the obstacles he met, or the decision there, except to say that the latter necessitated an appeal on the part of Dr. Lydston. This he cheerfully made, and though subjected to the most vicious treatment and opposed with every force that could be marshalled against him, he finally triumphed. The matter has now been decided by the Appellate Court and the salient points of that decision will be found elsewhere in this issue.

This decision is bound to prove deeply interesting to every member of the American Medical Association, and we hope that every journal represented in the American Medical Editors Association will quote, at the earliest possible moment, the condensed opinion of the Appellate Court of the State of Illinois which appears on page 55; in order that the

whole profession may become fully informed of the situation as it now stands.

Another phase of the matter that is of no less interest to the members of the Association, pertains to the Journal of the American Medical Association. This is a publication which belongs to the Association, with no member or group of members entitled to special rights or privileges in its pages. In other words, each member has rights in the Journal identical with those of every other member. Consequently no one should ever be denied a proper hearing through its columns, which should at all times be open to members of the Association for the statement of their views and opinions, and the free, above-board discussion of all questions that may arise. With this so true, why is it that nothing in reference to this suit of Dr. Lydston's, an affair which has to do with the very existence of the Association, has ever been referred to even remotely in any issue of the Journal of the Association?

Has it been the desire of those in control to hide the truth from the members? If not, then why is it that these problems, more important than all others to the members, should not have been freely discussed from all angles in the publication which is the Official Organ of the Association? This inquiry is also made in good faith, and we do not believe any one can reasonably question the fairness of our interrogation. In all fairness, what is the hidden motive that has been responsible for silence on this subject?

It is a shame that members who have a deep interest in the organization, a genuine sympathy with its avowed objects, and sincere hopes for its success, should have to learn of the serious situation that now confronts their Association, through the newspapers or from the pages of the independent medical journals. Up to the time of our going to press six issues of the Journal have appeared since the decision of the court was rendered, without the slightest reference having been made to it. How much longer will this policy of printing in the pages of the Journal only such things as the editor wishes to appear, be tolerated?

It would seem that the end of the present dynasty is in sight. In this land of ours there is no room for men-made institutions that are founded on principles or conducted in ways so far at variance with the fundamental or parent laws of the nation. One of two things always happens. If the institution is lacking, if its mission is doubtful and its purposes obscure, or if the men in control are dishonest or deficient, both the institution and the men directing it will go down to oblivion just as soon as the truth becomes generally known. But if an institution has underlying purposes that are sound and good,

if it has a great, far-reaching mission that is plain, in spite of mismanagement or misfortune, it will survive the reorganization that is sure to take place when the crisis comes—as come it will. Then with the mistakes of the past safely charted, and reconsecrated to its original purposes, such an institution will go on to successes it could never before have reached.

And the men who "mismanaged or failed," what of them? Can they "come back?" It all rests with them. If they can adjust themselves to the new order and read the signs aright, they can make their future what they will. This only applies, however, to those who made honest mistakes. If, however, their acts have been tinged with dishonesty, they can claim no kindlier fate than to be forgotten as soon as possible by those whose confidence and trust they violated.

Whatever may be the outcome of this decision of the Appellate Court, it must appear to every member that a crisis has been reached in the affairs of the Association. Evidently the time is not far off when the individual member will have some voice in the direction of the organization. God speed the day, for when the members control the Association and its Official Organ, the resources, instead of being used to oppose the determination of the truth, to perpetuate an oligarchy, and to destroy all who chance to hold views divergent to those of the editor, will be employed to promote the interests of American medicine and the welfare of the American physician.

In the meantime all honor and credit to Dr. Lydston who, in the face of the bitterest opposition, the most vicious antagonism and the most disheartening indifference on the part of those whose battle he was waging, has had the character, courage and tenacity of purpose to keep constantly on the firing line. Single handed he has fought a splendid fight, a clean fight, and we hope the profession at large may awaken to what he has accomplished. When the Association emerges triumphant and becomes the force it should be in American medical affairs, the physicians of the country will have Dr. Lydston to thank more than anyone else.—Ed., Journal of the American Medical Editors' Association.

DISPENSING DOCTORS' DRUGS

We take the following from a recent issue of a prominent drug journal.

"It is a notorious fact that drug manufacturers sell to the doctors worthless stuff."

How much truth is there in this statement. We know that some doctors do buy cheap drugs, which usually means poor quality drugs, just as we know that some druggists supply

poor drugs. But because there are some cheap doctors and some cheap druggists who handle cheap drugs (we know that there are some cheap drug houses that supply these cheap drugs) we have no reason to believe that very many physicians dispense these cheap drugs.

Yet the statement quoted above is general for it says further "doctors who make a practice of dispensing their own remedies buy these worthless medicines for a knockdown price."

It is difficult to believe this statement; frankly, we do not believe it. A doctor prescribes a drug for a specific purpose, his cases are often serious, he cannot afford to take a chance on a cheap drug.

A doctor is in such close touch with his patient that he is vitally interested in the recovery of that patient. On the other hand the druggist is not in close touch with the patient, probably does not know the patient at all, he is not interested, his reputation is not at stake; under the circumstances which would be likely to furnish the best drugs?

To quote further from our drug exchange: "The doctor may not exactly know that these remedies are worthless. He probably does not. They simply know that they can get them cheap."

It is, unfortunately, true of some doctors, who think the quality is all right, but we cannot believe it is true of many doctors.

Let us urge doctors, as we have repeatedly done in the past, to beware of cheap drugs. **High quality and low price are incompatible.** Buy your drugs of houses of established reputation and pay them a good price for the best quality.

We are sorry to see in drug journals the statements from which we have quoted because untrue statements of this character simply increase the ill feeling that exists between doctor and druggist.—Ed. Reed in Physicians Drug News.

WRITING PRESCRIPTIONS FOR MEDICINES DISPENSED

The National Association of Retail Druggists, at their recent meeting in Cincinnati, went on record favoring legislation to compel dispensing doctors to write prescriptions for medicines dispensed, said prescription to be given to the patient.

The scheme, of course, is to put as many hardships in the path of the dispensing doctor as possible.

Reference to our files will show that the **News** has for years advocated the writing of prescriptions for medicine dispensed, the prescription numbered and filed and a corresponding number placed upon the direction label.

Advantages of this plan are obvious. Every busy doctor will admit that a patient frequently comes back for "more of that same medicine," but he has forgotten exactly what it is and cannot duplicate it. If he had written a prescription he could at once see what he had previously prescribed. Perhaps he would duplicate the prescription, possibly he would decide to make changes (here is one of the great advantages of dispensing, the doctor can make changes in the medicine when requested to refill which would be impossible if the prescription went to the drug store).

Of course, giving the prescription to the patient is absolutely out of the question. It would not benefit the patient in any way and frequently would be of direct injury. It is a common occurrence for a doctor to tell his patient what he is giving, it has it advantages as well as its disadvantages, but it often happens that the information should be withheld for the benefit of the patient.

The stated object of legislation to compel dispensing doctors to write and hand to their patients prescriptions for medicines dispensed is that in case of fatal termination the prescriptions can be examined by authorized persons before a death certificate is issued, to prevent criminal acts upon the part of the dispenser. The defect of this scheme—a defect that gives it a fatal blow—is that if a doctor is disposed to commit murder he can write a prescription for one thing and dispense another.

If we don't underestimate our services in the first place we shall have a better basis to get somewhere near their true value in the last place. Actual inability to pay a doctor's bill is considerably more rare than the apparent instances that come before us where that is the claim.

Too many people are being satisfied with the doctrine proclaimed by and about us in the past of medical altruism, and are being lulled into the sleep of indifference by this specious philosophy of the physician being a natural born philanthropist, which is next to a natural born fool.

While we need not be narrow, yet we must combat this idea by showing that most of us are dependent from the start on our profession for our board and clothes and the proverbial "something for a rainy day," and that reasonable remuneration is as necessary in our case as in the case of the priest or the lawyer, both of whom, however, have a better security albeit, sometimes a more heinous security than the doctor would dream of requiring in his most needy and desperate days.

And finally don't lose sight of the fact that your carelessness in collecting an account is more far reaching than your

own wallet, since you have set an example and given an impression on those concerned that you not only "caved" because you thought yourself that your bill was unjust, but have made the unprincipled ones feel to try, try again in beating doctors. Your loss will thus be in some measure your brother's loss.

It were better to begin at the fountain head with these people if we can find them out and refuse them our services, which can be done in selected cases, at least, thus helping to establish that precedent in medicine that is already established in the business world. Mercantile men say collecting is half their business. Shall the physician be a business man or a beggar? To be a business man he must take the same precautions the merchant does to verify honesty before opening accounts. If the people think this "hard lines" why then its up to them not to cheat the doctor while they work him to death!—Ed. Reed in Physicians Drug News.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Indianapolis, Ind., June, 1914, Dr. W. S. Glenn, State College, Pennsylvania, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1914, Judson Liftchild, Ukiah, Cal., President; H. F. Scudder, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May, 1914, Clinton Roath, M. D., Los Angeles, President; H. C. Smith, M. D., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. H. T. Cox, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY

The regular monthly meeting of the Los Angeles County Eclectic Medical Society was held on December 2nd, at 8 p. m. in the College Hall. There was a large attendance of members as well as many visitors.

The minutes of the previous meeting were read and approved. The applications of two doctors for membership were read and held over until the next meeting.

Dr. A. P. Baird delivered the address of the evening, entitled "Christian Science, What Is It?" This was exceedingly interesting and humorous and was enjoyed by all present.

The election of officers for the coming year followed and resulted as follows:

President, H. T. Cox; Vice-President, Clinton Roath; Secretary-Treasurer, P. M. Welbourn.

There being no further business, the meeting adjourned until January 6, 1914.

P. M. WELBOURN,
Secretary.

H. C. SMITH,
President.

COLLEGE NOTES

Herbert T. Cox, M. D.

One Saturday toward the latter part of November volunteers from the students and faulty, marshalled by Prof. A. P. Baird, met at the College and had an old-fashioned "log-rollin'." The purpose of the occasion being the building of a raised platform and seats in the materia medica room. The material all being on hand, each was assigned to his "particular indicated work" by Prof. Baird, which was changed or alternated to meet the case as it progressed. By night the operation had been completed and the "newly created" (benches) were resting as well as could be expected after such huge doses of iron had been administered, and such radical manual manipulative treatment received. However, a good improvement was made for the College, and the pedagogical conditions of the room greatly facilitated.

The new micratome, with a freezing attachment, has been received in the histology and pathology laboratory, to replace the one which has seen service for several terms. The new one will be a great saver of time in preparing sections for the classes. The stock solutions and all equipment has been gotten into readiness by Student-Assistant Prince for laboratory work to begin in histology soon after the Christmas holidays. Remember that all interesting pathological organs or tissues will be gladly received and taken care of by the department.

Prof. John Uri Lloyd gave several interesting lectures to the pharmacy class recently.

Dr. J. W. Willard, who was for two years professor of specific medication and diagnosis, has returned to California and is at present at Compton. He has made the College a call or two. We hope that Dr. Willard will be able to again identify himself with the College work.

Dean Munk reports that all plants at the botanical garden are doing nicely, and that he is planning on greatly enlarging the area devoted to medical plants, and now has a large con-

signment ordered and promised from the Bureau of Plant Industry and other sources.

Irate doctor (seeing a bottle of quack medicine beside his patient): "Why didn't you tell me you were taking this wretched stuff?"

Patient: "Well, it's my wife, sir. She says, 'I'll dose you with this, and the doctor'll try his stuff, and we'll see which'll cure you first'."—From Farm Journal.

NEWS ITEMS

Location: There is a good location where a doctor could establish himself quickly in Indiana. Address Lock Box 17, Modoc, Indiana.

Dr. E. F. Robinson has changed his address from Carbondale, Pa., to 223 Laflin Street, Chicago.

Dr. J. A. Riley has changed his address to 1440 Park Street, Alameda, Cal.

Dr. H. T. Webster has returned to Oakland from an extended visit in Ohio, and sends renewal to the Journal for two years.

Dr. Lewis Lee has changed his address to Seabright, Cal.

Dr. J. T. Farrar, Berkeley, sends his renewal to the Journal along with best wishes for the New Year.

Dr. J. F. Willard has come to California for the winter from Colorado Springs.

Dr. J. E. Shearer has moved from Glendale, Oregon, to Grant's Pass, Oregon, and will limit his practice to surgery.

Dr. J. G. Tomkins has changed his address from 1134 East Fifteenth Street, to 2252 East Fourteenth Street, Oakland.

Dr. Eva Rolloson, Cleveland, is spending the winter in Los Angeles.

Dr. and Mrs. E. P. Bailey have returned from a summer in the east. Dr. Bailey has taken charge of the medical department of Bimini Hot Springs.

Dr. H. V. Brown attended the meeting of the Board of Medical Examiners in Sacramento early in December.

Prof. and Mrs. J. A. Lloyd, Cincinnati, have returned after a short visit in Los Angeles.

Dr. E. R. Harvey, Long Beach, has returned from New York, where he attended the Post-Graduate School for a few weeks.

The new fire-proof building of the Westlake Hospital was opened on the afternoon and evening of December 30th, with a formal reception.

Dr. Finley Ellingwood, Chicago, will lecture at the College every day during the week beginning January 12th. All doctors and students of medicine are invited.

The California Eclectic Medical Journal

Vol. VII. FEBRUARY, 1914 No. 2

Original Contributions

QUARTERLY REPORT of the EYE, EAR, NOSE AND THROAT CLINIC of the CALIFORNIA ECLECTIC MEDICAL COLLEGE

J. Fraser Barbrick, M. D.

Read before the Los Angeles County Eclectic Medical Society

At the request of President Cox, I herewith submit a brief review—which is in reality my report to the Faculty and Board of Directors of the Free College clinic, conducted under my department—Eye, Ear Nose and Throat—for the quarter ending December 27, 1913, which, I trust, will interest you and partly take the place of the regular paper which Doctor Newton, for good reasons, is unable to present this evening.

The clinic began September 27, 1913, soon after the opening of the school term, and is run every Saturday from 1 to 3 p. m., or until such hour as all patients have been attended to. The clinic is attended by the Senior and Junior Classes and receives my full personal attention Saturday afternoons, cases requiring treatments, dressings, etc., at other times being apportioned to Senior students in turn for care and attention under my supervision and instruction. Histories are taken, explanations given and demonstrations made of the cases at the first examination, treatments, results, etc., being noted at subsequent visits, so that complete case reports of all patients treated are available for inspection. The following table gives in detail the work done. The number of treatments given, 91, includes only those given during the Saturday sessions, and does not count those given by the Senior students or myself at other times or during other clinic hours,

which, I presume, will be made note of in the other clinics. Cases were referred by Professors Baird, Foss, Scudder and Roath and by Doctors Baber, Caryll, Friedman, Groth, Stammers, Prince, Seeburger, Sherrill, Tinsley and others. All cases are treated free, except a small charge for medicines.

Number of cases treated 57
Number of treatments given 91
Operations performed 10

The 57 cases were divided as follows:

Ear ..... 15 cases
Eye ..... 10 cases
Nose and throat ..... 32 cases

The 15 ear cases included the following troubles:

Tinnitus Aurium and Deafness from Oto-selerosis ..... 1 case
Tinnitus Aurium and Deafness from Otitis Media Catarrhalis Chronica ..... 2 cases
Tinnitus Aurium and Deafness from Eustachian Obstruction ..... 1 case
Tinnitus Aurium and Deafness from Impacted cerumen (wax) ..... 3 cases
Otitis Media Suppurativa Chronica ..... 2 cases
Otitis Media Suppurativa Acuta ..... 1 case
Otitis Media Catarrhalis Acuta ..... 1 case
Furunculosis of External Auditory Canal ..... 1 case
Foreign Body in External Auditory Canal ..... 2 cases
Mastoid Abscess in connection with Chronic Suppurative Otitis Media Operated, Radical Mastoid ..... 1 case

The 10 eye cases were divided as follows:

Follicular Conjunctivitis ..... 2 cases
Catarrhal Conjunctivitis, Chronic ..... 1 case
Pterygium—operated McReynolds method ..... 1 case
Corneal Ulcer ..... 1 case
Phlyctenular Keratitis ..... 1 case
Interstitial Keratitis ..... 1 case
Wart on lid ..... 1 case
Refraction ..... 2 cases

The 32 nose and throat cases were classified as follows:

Acute Rhinitis ..... 3 cases
Chronic Rhinitis Atrophic ..... 1 case
Chronic Rhinitis Hypertrophie, 9 cases as follows:
Chronic Rhinitis Hypertrophic with spur ..... 1 case
Chronic Rhinitis Hypertrophic with Polypi, one operated ..... 2 cases
Chronic Rhinitis Hypertrophic with Enlarged Middle Turbinates ..... 3 cases

Chronic Rhinitis Hypertrophic with Enlarged Inferior Turbinates ---------- 3 cases
Deviated Septum, one operated ---------- 2 cases
Epistaxis ---------- 1 case
Adenoid and Tonsils, 2 operated ---------- 4 cases
Peritonsilar Abscess, lanced ---------- 1 case
Acute Tonsilitis ---------- 2 cases
Chronic Tonsilitis, 3 operated (Tonsillectomies) ---------- 4 cases
Pharyngitis et Laryngitis (Specific) ---------- 2 cases
Pharyngitis et Laryngitis (from excessive use of tobacco ---------- 1 case
Enlarged Post-Cervical Glands, operated ---------- 1 case

Of the 10 operations there were:

3 Tonsillectomies for chronically diseased Tonsils in adults.

2 for Adenoid and Tonsils (Tonsillotomies) children.

1 for Nasal Polypi.

1 Radical Mastoid.

1 Pterygium (McReynolds operation).

1 for Post Cervical Glands.

1 Submucous Resection for Deviated Septum.

All operations were done under local anaesthesia, except the Radical Mastoid and the two Adenoid and Tonsils, in which general anaesthesia was used.

The classification of cases as given is intended to be comprehensive rather than strictly scientific, and is based more particularly on the reasons given by patients for applying for treatment than on the examination findings. To illustrate: The case of Acute Suppurative Middle Ear disease was brought on account of the ear trouble and was listed as an ear case, although examination showed the cause to be Adenoid and tonsils, and no case is listed twice.

Of the operations the most important, and by far the most interesting, was the Radical Mastoid performed for Mastoid Abscess in connection with a chronic suppurative Otitis Media of about twelve years' standing, and a brief description of this case, I think, will not be amiss here:

Name, W. W.; age, 16; address, Lucerne Valley, San Bernardino County; referred by Professor Roath; history of discharge from left ear since age of two years. About three months ago says he got a barley beard in the ear and could not get it out until about three weeks before this abscess began, he pulled it out with his fingers and soon after the whole ear began to get sore, painful and swollen. This had been going on for over two weeks when I first saw and examined him, Saturday, November 29th. On examination, I found the

parts so swollen, painful and tender that nothing could be seen through the external auditory canal, but it was evident something had stopped drainage and the infection had passed back into the mastoid antrum in search of an exit. The structures over the mastoid were extensively swollen, the swelling extending down the neck over the sterno-cleido-mastoid muscle. Auricle was pressed forward at an angle of about 120 degrees, and the face showed that the facial nerve was affected either by pressure or by being implicated in the inflammatory process. Temperature was 104 degrees Fahrenheit, and the boy complained bitterly of the pain. I advised an operation as soon as possible, and he was sent to Westlake hospital and there operated on Sunday, November 30th. On examination under ether, the drum was found to be almost totally destroyed, the only portion left being the anterior inferior quadrant. The perforation looked new and fresh and was completely filled with a polyp that seemed to have been squeezed through the perforation. Palpation over the mastoid showed a small fluctuating point under the mastoid tip, the rest of the swelling being hard, tense and brawny. An incision was made one-fourth inch posterior to the post-auricular fold, or where we judged it should be, beginning a little below the tip of the auricle and extending about three inches down over the mastoid. As the tip of the mastoid was reached, there was a gush of foul-smelling, greenish-yellow pus through the incision. Our subsequent proceedings showed that the tip was extensively necrosed; that evidently there had been a large tip cell which had freely communicated with the antrum; that the pus had broken through into the sheath of the sterno-mastoid muscle and into the digastric fossa; that the bone was of the diploic variety; that the necrosis had exposed the seventh nerve at the posterio-inferior angle of the facial ridge, and that nothing less than a complete radical would be permissible in the case. So this was done; all diseased portions of the mastoid removed; antrum opened and cleaned; bone between it and middle ear cavity broken down; middle ear cavity completely cleaned out, excepting the stapes; tympanic end of eustachian tube curetted out; Panse flaps made, and ear dressed in manner to permit of freest drainage. I might add that in curetting away the diseased bone, a portion of the lateral sinus, about the size of your thumb nail, was exposed and comparatively the whole portion of the facial nerve in its canal in the facial ridge was exposed, partly by the previous sloughing and partly by the removal of the necrosed bone during operation.

In spite of the rather unpromising outlook, the boy made

a rapid recovery, and at present shows no evidence of seventh nerve trouble and can hear a whisper at three feet with the operated ear.

In conclusion I would say that while the clinic is not so extensive as some, it is gradually growing and, as this report will show, is already supplying a quantity and variety of material sufficient in all respects to fill the requirements of undergraduate clinical teaching.

REGISTRATION OF BIRTHS

George B. Abbott, M. D., N. D., D. C., Los Angeles, Calif.

The intention of this paper is to bring before the reader the necessity for more prompt and efficient registration of births. The best commodity of population is its births and nothing reflects better the vitality of a community than its birth rate. Thousands of children are born annually in our country and are neither recorded at the time of birth nor at their death, which in more than one-fifth of the cases occurs during their first year of life

Physicians should wake up to their obligation of social hygiene and pay more attention to conservation of infant life. Without adequate registration of births, such children may be deprived of education or permitted to waste their limited energies in industrial pursuits, later to become the subjects of community relief.

Foreigners should be impressed with these facts and be made to realize that it is the birthright of their children, born in this country, to have a certificate. Another vital reason is that if a mother needs state aid, she must be able to show the children's certificate to prove that they were born in the state. State aid is now withdrawn from children born abroad, whose parents have not been naturalized.

It has been said that in Los Angeles "we have not a dozen Russian children registered here." Russian newspapers have been asked to assist the local board of health in urging their people to obey the law and register their children, but the papers have refused to do so unless the city will pay advertising rates for such announcement. Physicians can assist very materially in this work by insisting that the law be fulfilled and parents become informed throughout the settlements. Japanese show a rapid increase in birth-rate in Los Angeles and are an exact contrast to the Russians, for, as soon as a child is born, they hurry to the city hall and apply for "citizenship papers." Among the Japanese "an American

birth certificate is always looked on, and spoken of, as citizenship papers."

Among all vital statistics, births and deaths must be regarded as the most fundamentally important. Stillbirths, although entirely distinct from births and deaths, should be registered under the same law, hence need not be separately considered.

Reasons demanding the registration of births and deaths, stated in increasing order of importance, may be given as follows:

(1) Knowledge of the movement of population (demographic use).

(2) Protection of the lives and health of the people (sanitary use).

(3) Protection of the rights of the individual and of the community (legal use).

This movement should be promoted by the medical profession on the grounds of sanitary improvement and should not be based alone on the professional interest of the individual practitioner.

STROPHANTHUS

O. Newton, M. D., Long Beach, Cal.

Read before California State Eclectic Medical Society

When we classify drugs as heart stimulants, we think of Digitalis first; Strophanthus follows a close second, barring none.

Strophanthus is obtained from the ripe seed, deprived of its awn, of the Strophanthus-Hispidus or Strophanthus Kombre, from which the natives make a toxic preparation known as the Kombre arrow poison. The habitat of Strophanthus is tropical Africa and Southern Asia.

Notwithstanding the undoubted value of this drug, it has not become popular with the medical profession of the old school, by reason of the uncertainty of many of the preparations placed before them on the market. Dose of Sp. Strophanthus is from ½ to 5 minims. Strophanthus should not be generally dispensed in combination with other drugs, or in aqueous or syrupy menstrums, as the agent is liable to precipitate in these solutions. It may be so dispensed if the mixture is well shaken and used within a short time.

Strophanthus is primarily a muscle poison of great energy, acting by direct contact. It increases the contractile power of muscular tissue, and a poisonous dose fixes the muscles in a permanent tetanic rigidity, the fibers being unable to re-

sume their normal condition of partial flexibility. Large doses paralyze the heart in systole, and when contractility has been once destroyed thereby, no stimulus will re-excite it. As the heart receives much more blood in a given time than any other muscle in the body, it is more quickly and markedly affected by Strophanthus, and by regulating the dosage, the cardiac muscle may be affected by a quantity which will not influence the other muscles.

Small doses of Strophanthus act exactly like Digitalis on the heart, stimulating the contractions, increasing the force of the ventricular systole, and lowering the cardiac rate. At the same time the general blood pressure is raised and diuresis is produced, both being due to the Vis a tergo—the direct stimulation of the circulation from behind.

Strophanthus differs from Digitalis in being a lesser irritant to the stomach, many cases tolerating Strophanthus where Digitalis causes gastric irritation. It is more rapid in its cardiac action, and more quickly eliminated, therefore not having the cumulative action as Digitalis. It promptly relieves cardiac dysponea, often modifying the pulse rate in less than one hour, and the influence of a single full dose upon the circulation is said to have lasted eight days. It may well replace Digitalis in the treatment of Bright's disease and valvular lesions of the heart, when it is important that the work of the heart should not be increased by any additional resistance in the arterial system, Strophanthus having no direct contractile influence upon the vessels.

Strophanthus is indicated in endo-carditis, in reflex palpitation of neurasthenia, hysteria, chlorosis, and for rigors due to catherization, or operations upon the genito urinary tract. In asthma the paroxysms are shortened and often times prevented by the proper administration of this drug. It has been employed in fatty degeneration of the heart and atheroma of the arteries where digitalis is contraindicated; also in ascites produced by cirrhosis of the liver, and in the enfeebled heart, after acute and chronic fevers. In the treatment of exophthalmic goitre, Strophanthus has accomplished marked results, and has become a permanent addition to the therapeutics of this disorder.

HEMORRHOIDS

Treatment by Bi-polar Electrolysis

A. S. Tuchler, M. D., San Francisco, Cal.

Read before the State Eclectic Medical Society of California

This simple and effective method of treating "piles," both internal and external, is quite satisfactory, both to the doctor and patient. It is necessary to make it painless, so a few drops of a solution of a hypodermic tablet of Novocaine and Adrenalin (P. D. & Co.) is injected into the base of the pile, to prolong the anesthetic effect, magnesium sulphate is added to the above, a drop or two of a ten per cent solution to each injection. In treating internal piles the parts to be treated are first made aseptic through a self-retaining speculum. then the bi-polar needle is inserted through the base of the pile tumor for about three to five minutes, and from twenty to thirty milli-amperes of the direct current will be needed. This current virtually cooks the base of the pile and shuts off the blood supply to it, so that in two or three days it sloughs off. The injection of a warm twenty-five per cent solution of Glyco-thymoline will help to heal it quickly and without much discomfort. The current must not be too strong nor too long applied, as a larger slough than is necessary will be the result. The indication that the current has done its work will be white gas bubbles issuing from one of the needles where they have been inserted, this needle carrying the negative current.

Owing to the density of the tissues external to the Spincter, these piles will require one or two treatments about one week apart, and the current can be increased up to 70 or 80 milli-amperes.

I wish to describe the bi-polar needle which I use. Two iridio-platinum needles, two inches long and about as thick as a heavy button needle, can be soldered into two copper wires a little thicker than the needles and about nine inches long. Each copper wire is shellaced and then wrapped with thin strips of rubber tissue and again shellaced. This process is again repeated and makes an excellent insulation. The two insulated wires are now placed together and rubber tissues wrapped around them and shellaced. The proximal end of the insulated wires are bent outward for about an inch from the ends and the insulation scraped off so as to fasten a double connector to each end. The insulated wires are now wrapped with strips of adhesive plaster one-quarter of an inch wide and again shellaced as a finishing touch.

OLD REMINISCENCE OF A BUSY PROFESSIONAL LIFE

Richard E. Kunze, M. D., Pharm. D., Phoenix, Arizona

Having read an article in a recent issue of the New York Sun relating to the virtue of "Roots and Herbs," as applied by the farmers' wives of old New England half a century or more ago, it reminded me of a somewhat similar practice learned from my preceptor, a botanic physician of the "Thomsonian School," and a practical man hailing from Charlestown, Mass. After having embraced the doctrines of the Eclectic School of Medicine about 1866, on a number of occasions when the newer methods failed me in curing patients, I succeeded very admirably with by-gone remedies of the Thomsonian system, now going out of date, and due in a measure to the sugar-coated granular and liquid centessimals of the homeopaths. What a child likes a parent is liable to adopt, herein lies the secret of homeopathic success.

Foremost in the eclectic practice were Podophyllum, Leptandra, Gelsemium and Veratrum Viride. In treating a case of Ictorus, I gave two three-grain pills composed of two parts of Leptandrin and one part of Podophyllin, repeating in two or three days till alvine evacuations indicated more bile. After a week's treatment I ordered a bitter tonic made by macerating one ounce of Barberry bark (Berberis Vulgaris) in a quart of hard apple cider, taken in tablespoonful doses, and patients quickly recovered. If there is an infection of gallstones give an ounce of olive oil twice daily, which has a tendency to liberate gallstones. This remedy was first suggested by Dr. Horatio Firth of Brooklyn, N. Y., and is on record. By the way, Berberis is suggestive of Berberin, one of its constitutents. Pokeroot (Phytolacca Decandra) used to be a favored remedy of mine as an alterative, anti-rheumatic and cathartic. The popular way of using it was to add one ounce of the dried root to one pint of Holland gin, dose from 1-3 teaspoonfuls once or twice a day. I preferred two ounces of the fresh root to 1 pint of diluted alcohol. In ordinary muscular rheumatism it is a fine medicine. A poultice of powdered Pokeroot, mixed with powdered Lobelia seed and Slippery Elm-bark will abort a caked mamma, removing all pain, or hastening suppression with speedy recovery. Try it, brethren and sisters. For whooping cough, my favorite remedy was an ounce of Fluid Extract of Red Clover-top mixed with seven ounces of any cough syrup, selected from Jones & Scudder's American Eclectic Materia Medicae, many of the prescriptions of which are invaluable. A brother-in-law who managed a farm in the Western Catskill Mountains for me con-

tracted pertussis from a pair of horses. It was the first time he had this trouble and quite annoying. I sent him a pound of the pressed Red Clover, with instructions to make and use a strong tea, hot, at retiring and cold during the day. He made a good and quick recovery. In olden times I, too, have had recourse to gargles of vinegar, salt and capsicum for sore throat. Later on, during the seventies of 1800, I preferred a glycerole made by dissolving one ounce of Tannic Acid in a pint of Glycerine with fine effect. In severe attacks of quinsy, sore throat or forming cases of diphtheria, I used pineapple juice, made by slicing pineapples and covering with powdered sugar. Give a teaspoonful often, children do not hesitate to take it. In grave cases of diphtheria I used with success a solution of Chlorinated Soda with a swab of probang. If intended for the throat, I preferred a notched pine stick covered with several pieces of muslin and securely tied, which, when saturated with this solution is handier than a covered whalebone probang, and may be used a number of times. If the larynx is to be treated, in desperate cases I had to utilize the sponge probang shaved down to proper size for entering the larynx. I would make a thrust into the larynx and instantly withdraw the probang, followed by copious expectoration of dislodged membranes. Twice a day I would make use of such treatment. In cases in which I was the first physician called, I never had to use such heroic treatment. Several times I was called to treat cases which were given up to die by the consulting allopathic doctors. Quite a number I saved by my heroic treatment, so much so that the Board of Health of the city of New York requested me to give it the treatment I was so successful with. It was at the time of that epidemic in the early seventies. I have had from two to six children sick with diphtheria in numbers of families, and lost very few cases timely treated.

If you cannot prepare Solution of Chlorinated Soda yourself according to formula of a U. S. Dispensatory, get the imported French article from a reliable pharmacist. I took my cues in treating diphtheria from a practice in treating chickens affected with roup with the happiest result. The hardened pus in the nostrils and around the lachrymal duct of fowls were quickly dissolved in this solution, which induced me to try it in the human family. The French article is known as Labarraque's Solution of Chlorinated Soda.

CIRCUMCISION

J. A. Burnett, M. D., Hartshorne, Okla.

It is not my purpose to advocate circumcision for every one, as there are many males and females that do not need it from a therapeutic standpoint. However, it would do no harm if not particularly indicated, and with many would have valuable prophylactic effect, especially in the prevention of veneral diseases and masturbation. It is now generally admitted that men who have been properly circumcised are not as apt to contract gonorrhoea or syphilis as those who have not been circumcised. It is also admitted that if boys and girls who need it are properly circumcised at an early age they are not as apt to form the habit of masturbation (self-abuse) when they reach the age of puberty. The proper time for circumcision is during childhood, and all boys and girls with adhesion or elongated prepuce of the penis or clitoris should be circumcised. Of course, if circumcision has been neglected during childhood, then it should be done during manhood and womanhood. I cannot in this properly explain all connected with circumcision, as it is a broad subject and one that deserves more attention from most all physicians. Circumcision has been practiced for ages and has an interesting history. Most every one has heard of male circumcision, but many have never even heard of female circumcision. It is now a well established fact that female circumcision is as important as male circumcision. Many physicians do not know anything of the value of male circumcision, except when it interferes with passing the water. Circumcision is of most value in both male and female to prevent reflex conditions. In order to understand the value one must know something of both nervous systems and reflex actions. In some eye troubles circumcision is of value. Dr. C. A. Weirick reported a case of partial atrophy of the optic nerve in a man aged 34 years. The case was of eight years' duration. He could not see to read except large print, and then but a few minutes at a time. In one month after circumcision he was able to read a page of small print without any unpleasant results. I could go on and on, and mention cases of nervousness, convulsions, bed-wetting, stomach trouble—as well as a great many other diseases that have been cured by circumcision of both sexes.

CALIFORNIA STATE BOARD OF MEDICAL EXAMINERS

Examination in Materia Medica January 14, 1914

1. Give dosage, chief physiological action, and from what the following are derived: (a) apomorphine, (b) atropina, (c) cocaina, (d) hyoscina, (e) pilocarpina, (f) strychnia.

2. What are the three most common modes of administering medicines? How and why should dosage vary?

3. Name four different ways by which antipyretics reduce temperature, and give an example of each.

4. What is ipecacuanha? From what is it derived and what is its physiological action and therapeutic uses?

5. Correct the following ℞, which was prescribed for a subacute bronchitis with a dry irritating cough:

℞ Heroin	gr xvi
Tr. Ipecac	ʒ ii
Ammonii Bromide	ʒ i
Iodide Potassa	ʒ vi
Syrup of Sarsaparilla Comp.	℥ iv

M. Sig. A teaspoonful in water every two hours.

6. How would you make Infusum Sennae Composition 1 pint? Give the dose in the metric system.

7. What is the physiological action of the following drugs upon the circulation: (a) Digitalis, (b) Strophanthus, (c) Sparteine, (d) Adrenalin, (e) Nitroglycerine, (f) Caffeina?

8. Approximately, how much morphine in 10 grains of Dover's powders?

9. Give treatment for the following: (a) Tapeworm, (taenia solium), (Taenia Media Canellata), (b) Round worm (Ascaris Lumbricoides), (c) Thread worm (Oxyuris Vermicularis).

10. Treatment for Anasarca due to heart lesion. Ascites due to liver lesion. Uraemia.

11. What do you understand by cumulative action of drugs? Name two commonly used that have such action?

12. In what diseases are the preparations of arsenic chiefly used, and what untoward symptoms may arise from their use?

Surgery

1. Give indications for Posterior Gastro-Enterostomy and technique of operation.

2. Give differential diagnosis of Hydrocele, Varicocele, Orchitis, and hernia of the scrotum.

3. Give diagnostic signs and methods of reduction by manipulation of obturator dislocation of the hip.

4. What is Colles Fracture? Give pathology and treatment.

5. Discuss Nasal Hemorrhage.

6. Define: Fowlers position, Trendelenberg position, when and why should they be used?

7. Define: Hernia, Litholapaxy, Hydronephrosis, Gastrostomy, Cholecystenterostomy.

8. Discuss rectal fistula.

9. Discuss Pagets disease of the breast.

10. Give technique in detail for Tonsiectomy.

11. Define Chalazion and describe the treatment.

12. In what conditions should Buck's extension be used? Describe in detail method of application.

Obstetrics

1. What changes take place in the spleen, thyroid and hypophysis cerebri during pregnancy?

2. Describe briefly the mechanism of labor.

3. Describe the subjective and objective signs of pregnancy in the first trimester.

4. (a) Give probable cause of eclampsia. (b) Describe eclampsia briefly. (c) Give treatment and reasons thereof of eclampsia.

5. (a) Describe briefly the position of left mento anterior and state method of procedure in delivering when this position presents. (b) Same for transverse presentation.

6. Define and briefly describe (a) Pygopagus (b) Acardiacus acephalus (c) Hydrocephalus (d) Exencephalus (e) Cyclops.

Gynecology

1. Diagnose differentially between carcinoma of the cervix uteri and papillary tuberculosis of the cervix uteri.

2. Describe one operation of round ligament ventro suspension of the uterus.

3. Diagnosis differentially between ectopic gestation and fibroid of the uterus.

4. Describe the medical treatment of salpingitis for both the acute and chronic conditions.

5. What are the indications for the operation of trachelorrhaphy and describe one operation of trachelorrhaphy.

6. Name ten conditions that may be confounded with ovarian cyst and diagnose differentially between ovarian cyst and one of the named conditions.

Hygiene and Sanatation

1. What diseases are borne by mosquitoes? Discuss the

parasitology, incubation, and prevention of any one of them.

2. Describe a "sewage farm." Discuss its efficiency.

3. Name three preservatives commonly added to milk. Give tests for identification of two of them.

4. You are called to attend a child, one of a family of four small children, and is suffering with diphtheria. The father of the family is a day laborer. What rules would you lay down for the protection of the family and of the community at large?

5. Discuss the epidemiology of trichiniasis.

6. What is meant by the term "Ground Water?" Discuss its source, level, flow, advantages and disadvantages as a public water supply.

7. What is "Certified milk?"

8. Describe in detail an efficient after-treatment for a room occupied by a scarlet fever patient so as to render it habitable by non-immunes.

9. Is there any difference in the significance of the finding of considerable amounts of nitrates and the finding of similar amounts of nitrites in a water supply? Discuss.

10. In what trades do we see instances of lead poisoning? How may this poisoning be prevented?

11. Discuss the epidemiology of "The Plague."

12. Discuss the rationale of typhoid vaccination and explain the effects produced according to Ehrlich's theory of immunity.

Answer any ten questions. Number 4 and number 8 must be answered by all candidates. Please do not answer more than ten questions.

Anatomy and Histology

1. (a) Name and make a drawing of all varieties of epithelial cells and tell where each are found. (b) Describe by diagram the histological structure of the skin.

2. (a) How are bones classified. Give a typical example of each class and tell what beneficial attributes each possesses. (b) Describe by diagram the histological structure of bone, showing normal development and regeneration. (c) Diagram of a longitudinal section of the femur, showing outline and microscopical internal structure.

3. (a) Give formation and tributaries of the portal vein; give most inferior tributary. (b) Give formation and surface location of the superficial and deep palmar arches (c) If the external iliac artery be completely blocked at its middle how may the circulation of the lower limb be re-established.

4. (a) How many vertebrae? Name groups and number in each group. Give essential differentiating characteristics of each group. Make a diagram of a typical cervical vertebrae.

5. To which bones do the following belong? 1—Coracoid Process, 2—Ext. Occipital Protuberence, 3—Mastoid Process, 4—Ext. Malleolus, 5—Obturator Foramen, 6—Coronoid Process, 7—Linea Aspera, 8—Olecronon Process, 9—Bicipital Groove, 10—Styloid Process.

6. (a) If the thigh be amputated at the junction of the middle and lower third what structures would be divided? (b) In a complete fracture of the femur at its middle, displacement of the fragments usually occurs. Discuss causes and direction of displacement.

7. (a) Diagram cross section of spinal cord at the level of the third thoracic vertebrae. (b) Describe formation of the third thoracic spinal nerve and its distribution. (Use diagram if desired.)

8. Describe the stomach bed and give relations of the stomach.

9. Discuss the shoulder joint, how and where reinforced by structures other than its proper ligaments. What is its weakest point and why?

10. (a) Name the muscles of mastication and give nerve supply. (b) Give nerve supply of the muscles of expression. (c) Give nerve supply to the hand.

11. (a) Discuss the hypophysis cerebri, its structure, location and function. (b) Brief discussion of the thymus gland.

12. Discuss the descent of the testis.

Physiology

1. Discuss the interchange of gases between the blood in the pulmonary capillaries and the air in the alveoli.

2. What is the effect of stimulation of the facial nerve at its root?

3. Discuss the regulation of heat production and heat loss in the human body.

4. Describe the course of an auditory sensation.

5. Discuss cutaneous sensation.

6. What is the physiological significance of muscle tonus?

7. What is the effect of complete division of the spinal cord?

8. Name five enzymes giving origin and function of each.

9. What physiological processes does the heart muscle exhibit which differ from those of skeletal muscle?

10. What are the functions of carbohydrates? How are they absorbed from the intestines?

11. Discuss the inhibition of reflexes.
12. How is the blood regenerated after clotting?

General Medicine

1. Mention five different conditions in which ataxia or pseudo-ataxia may be observed.
2. What is the significance of caput madusae?
3. Blood in sputum; what different areas may it come from and what may it signify?
4. Describe mitral incompeteney, giving mechanism of compensation.
5. What may be the significance of enlargement of lymphatic glands? Name five different conditions in which enlargement of lymphatic glands is eharacteristic.
6. What may be the causes of jaundice in an adult?
7. Mention the eauses of vomiting which takes place without regard to the presence or absence of food in the stomach.
8. What is the significance of polymorpho-nuclear leucocytosis?
9. Give the symptoms of general paresis.
10. Explain the phenomenon of cutaneous tenderness in cases of visceral disease.
11. Give the symptoms and treatment of rachitis.
12. Give cardiac and cerebral symptoms of arterio-eclerosis. Outline a plan of general treatment for this condition.

General Diagnosis

(For Drugless)

1. Differentiate between rheumatic fever and acute osteomyelitis during the first week of the attaeks.
2. Describe the appearance at birth and the early manifestations of eongenital syphilis.
3. Deseribe the eharacteristie symptoms of tubercular meningitis in its various progressive stages in a child.
4. Differentiate acute anterior polio-myelitis and riekets during the first ten days.
5. Differentiate acute follicular tonsillitis and diphtheria.
6. Differentiate appendicitis, cholelethiasis and renal colie.
7. Note the cardinal points of differenee between gastric ulcer and carcinoma, located in the ploric end of the stomach
8. Give symptoms of chronic parenchymatous nephritis.
9. Give cardinal symptoms of tabes dorsalis.
10. Give symptoms of aeute eatarrhal jaundice.
11. What are the signs of vertebral tuberculosis?

12. What are the causes, symptoms and sequelae of acute chorea?

Pathology and Bacteriology

Answer ten questions only. (Questions are numbered from one to twelve.)

1. (a) What organs should show the most pronounced changes in an infant dying at birth of syphilis? (b) Describe the pathologic changes usually observed.

2. In what respects do chancre and chancroid differ from one another pathologically?

3. (a) Discuss anaphylaxis. (b) Define Leucocytesis and state the varieties.

4. (a) Mention five signs of death. (b) Describe two.

5. (a) Define "Giant Cells" and describe varieties. (b) Define cell infiltration. (c) Differentiate histologically basal cell epithelioma and squamous cell epithelioma.

6. Name and describe three "precancerous" states and discuss the conditions under which they may develop.

7. (a) Define phagocytosis. (b) Define opsonins. (c) Define bacterial symbiosis and bacterial antagonisim. (d) How would one examine fresh material for the organism of blastomycosis?

8. (a) What is a bacterial vaccine and how is it prepared and how usually administered? (b) What effect does it usually produce when given in normal dosage? (c) What are the effects of an overdose? (d) Describe the common varieties of the staphyloccus, and lesions produced by the same in man.

9. (a) Describe the technique of examining sputum for tubercle bacilli. (b) Differentiate the tubercle bacillus from the lepra-bacillus and the smegma bacillus. (c) In what tissue is the lepra bacillus most commonly found. (d) Describe the methods of examining specimens for the lepra bacillus.

10. Name and describe the causative organism of lues and differentiate it from two common varieties of the same type of organism.

11. (a) Describe the biological characteristics of the diphtheria bacillus. (b) To what factors are the harmful results of infection by the diphtheria bacillus due and what tissues are mostly involved in the process.

12. (a) Describe one variety of a fungus that grows commonly on the skin. (b) Describe the lesions it produces. (c) How is it grown artificially? (d) Describe a simple method of examining material for this fungus.

Pathology and Elementary Bacteriology—(Continued)

(For Drugless.)

7. (a)—Mention five common pyogenic micro organisms and describe their morphological appearances and state the diseases in which each may be seen. (b) Define, describe and give examples of bacterial capsule, bacterial polar bodies, bacterial flagellae and bacterial spores.

8. (a) Mention three physical agents injurious to bacteria and state the condition under which each one acts most injuriously on bacteria. (b) Mention five chemical agents injurious to bacteria and state the conditions under which each of the foregoing acts most effectively as a bactericide.

9. (a) What are blastomycetes? (b) Give one example of a pathogenic variety and describe briefly the disease caused by the same. (c) Mention four bacterial diseases to which the cities of the Pacific Coast are exposed by reason of the increasing Central American and Oriental commerce, and name the causative micro-organisms.

10. (a) Describe in detail the process of making a cover slip smear and stain of material for bacteriological examination. (b) Mention two common stains for use in the identification of bacteria and describe in detail their use. (c) Describe the morphological and tinctorial characteristics of the causative organism of gonorrhoa and differentiate it from other organisms similar in appearance.

11. (a) What thermal and environmental conditions are most favorable for the growth of bacteria? (b) What thermal and environmental condition are least favorable for the growth of bacteria. (c) What are culture media? Give three examples. (d) Describe in detail the most effective means employed commonly for the sterilizing of culture media before use.

12. (a) Describe the modes by which the main classes of bacteria reproduce themselves. (b) Name four chemical agents found in bacteria. (c) Define acrobes. Give an example. (d) Define anacrobes. Give an example. (e) Define facultative acrobes.

CHEMISTRY AND TOXICOLOGY

(For Drugless Practitioners)

1. (a) What is the normal amount of urine excreted in 24 hours? (b) Give its normal limits. (c) Give three causes for diminished quantity.

2. Name five important constituents of normal urine.

3. Name the chemical test which you consider the most practical for general work for sugar, pus, blood, urea, uric acid, bile pigments in urine.

4. Name a secretion of the body which contains each of the following: Ptyalin, free hydrochloric acid, steapsin, cholesterin, erepsin.

5. What are the main inorganic elements in the composition of the body?

6. What is the percentage of carbon dioxide in atmospheric air? In exhaled air?

CHEMISTRY AND TOXICOLOGY

1. (a) Classify foods into main groups as to their chemical character. (b) What is the most important group as a tissue builder?

2. (a) What are the constituents of human bile? (b) Give the color, reaction and specific gravity of bile.

3. (a) Give the specific gravity of blood. (b) Specific gravity of blood plasma. (c) Give the reaction of blood. (d) Give the main chemical difference in composition of plasma and lymph.

4. What are the relative differences in composition of human and cows' milk?

5. Name five important abnormal constituents of urine and give one recognized test for each.

6. (a) What is the significance of diacetic acid in urine? (b) What disease does it commonly accompany? (c) Is it in itself of any import?

7. Define toxicology; a poison; an antidote; an antagonist; ptomain; toxin.

8. Give the more important symptoms of lysol poisoning.

9. (a) What is the fatal dose of fluid extract of gelsemium? (b) How is death caused? (c) Give the most prominent symptoms of a toxic dose. (d) What is the best treatment?

10. (a) What is the fatal dose of bichloride of mercury? (b) What are the symptoms of poisoning by it? (c) Give emergency and after treatment of the same.

11. What are the antidotes for the following:

(a) Carbolic acid.
(b) Oxalic acid.
(c) Arsenic.
(d) Cannabis indica.
(e) Copper compounds.
(f) Lead compounds.
(g) Antimony.

12. State composition, mode of manufacture and properties of hydrogen dioxide.

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A FEW REMINDERS

Remember that Prof. Ellingwood expects to begin his course of special lectures on March 1st, his work having been delayed by serious illness in his family.

Remember that in the so-called felon the focus of infection is beneath the periosteum, and that this membrane must be freely incised at an early date.

Remember that our State Society meets in May and that your personal individual efforts are needed to help make it a success.

Remember that in crushing injuries of the hand much can be done to preserve the integrity of that very useful member and do not amputate too early or too high.

Remember that our state legislature will be in session again in less than one year and begin to lay your plans accordingly.

Remember that in ascending infections of the hand a free incision of the palmar facia is frequently necessary.

Remember that it is necessary to have a license before beginning the practice of medicine in the State of California, and that the next meeting of the board of medical examiners will be held in June in Los Angeles.

Make application early or you will find that you have procrastinated.

Not all enlarged cervical lymphatics are tuberculous, give medicine a fair trial before excising.

SUBCULOYD LOBELIA

H. H. Helbing

Read before the St. Louis Society of Medical Research, January, 1913

I have had personal experience in the use of this agent in two cases recently, and owing to favorable results think it wise to report them.

The first case was one of asthma in a lady about 50 years of age. She has been a sufferer with this distressing ailment for years. When called she was unable to lie in bed, so was sitting up in a chair and was cyanosed because of difficult breathing. She was given a dose of 30 drops, and in a few minutes felt some better. In half an hour she was given another hypo of 30 drops, combined with a half strength H. M. C. This relieved her and she was put to bed and she went to sleep. When she awoke she was able to be up and around and felt as well as usual.

The second case was that of a man age 56, who was a patient of Dr. W. A. Smith. He had a strangulated hernia. The history of the case was as follows: He had an inguinal hernia for ten years. The hernia came out a little during the day on February 8. He ate some fish that night for supper which apparently made him sick at the stomach, for he vomited that evening which forced the hernia to protrude still more. The patient was unable to reduce it as he usually did. He let it go, however, until morning, when he called Dr. Smith, who arrived at 7 a. m.

He manipulated it for an hour, but was unable to reduce it, so he gave him a hypo of the lobelia over the inguinal region. Thinking that it would require surgical interference he sent for me, and I arrived about 10 a. m. I found the patient free from pain, no sick stomach, and he was apparently drowsy. I don't know whether the lobelia has a narcotic effect, but I don't believe it has. He was perhaps sleepy because of lack of rest during the night. I began manipulating the protrusion, and after about a minute it slipped back easily. The lobelia had undoubtedly caused sufficient relaxation to render the reduction a very simple matter.

Apropos to the subject, an article appeared in the February number of Ellingwood's Therapeutist by Dr. Isenberg, Germany, who states that the favorable results with the antitoxin in diphtheria is not due to the serum, but to the fact that the disease has run a mild course the past few years, and that whenever an epidemic of the malignant type occurs it will be found that the serum will prove unavailing.

To prove the fact that antitoxin has not proven a success in some institutions, he refers to the Eppendorfer Krank-

enhaus in Hamburg, from where Dr. Reiche, the head physician of the diphtheria station, had treated from October, 1909, to October, 1912, 5469 cases with a mortality of 13 per cent. Before that time, or when antitoxin was not used, the mortality was 6 to 8 per cent.

To quote him further on the serum, he says, "The serum has been very lucky, or rather its originator, Prof. Behring. We know now that epidemics do not run in an even course; morbidity and mortality both rise and fall according to inherent laws. Years come with severe epidemics and a high mortality; then gradually the severity of the disease, the number of cases decrease again, and less children die. In Norway accurate statistics have been kept for the whole country, which show that the mortality of the disease ranged, before the advent of the serum, from 28 to 6 per cent.

"When Behring's antitoxin came out the mortality had been several years on the downward course, the disease had already begun to be lighter. This was disregarded and caused an overestimation of the serum. But since 1908 we have more malignant cases than formerly and a higher mortality, in spite of the serum; during the latter part of this year there seems to be a slight lessening of the severity of the disease."

If the above proves to be true it behooves us to try out the lobelia for diphtheria. I myself have used the antitoxin with apparent gratifying results, but in view of the above report we might adopt the scheme that is used by Dr. Burkard, writing in Ellingwood's Therapeutist. He says: "In my practice specific or hypodermic lobelia has proven of equal value with antitoxin in diphtheria. Probably it is even more valuable. I usually give it at the same time with the antitoxin, drawing it up in the same syringe. But if I see a case unprepared, I always give lobelia immediately, as I always have it with me. In this way I have had about ten cases clear up as quickly as if the antitoxin had been used, if not more so."

Dr. Schmid, of Harvard, Ill., wrote in the same journal that in a recent case of diphtheria where 8,500 units of antitoxin had been given during a period of 48 hours with no apparent results, the recovery from the use of lobelia was so prompt and in every way satisfactory, as to be noticed by everyone interested.—American Medical Journal.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Indianapolis, Ind., June, 1914, Dr. W. S. Glenn, State College, Pennsylvania, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1914, Judson Liftchild, Ukiah, Cal., President; H. F. Scudder, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May, 1914, Clinton Roath, M. D., Los Angeles, President; H. C. Smith, M. D., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. H. T. Cox, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY

The regular monthly meeting of the Los Angeles County Eclectic Medical Society was held January 6th at 8 p. m. in College Hall. There was a good number of members present.

The secretary, Dr. P. M. Welbourn being absent, Dr. H. Ford Scudder was appointed secretary pro tem. The minutes of previous meetings were read and approved. The chairman of the credentials committee being absent the report of that committee was laid over until next meeting.

Dr. Baird reported the illness of Dr. W. E. Bailey and the society sent him a monetary remembrance. Dr. J. Fraser Barbrick read the paper of the evening which was very interesting. Dr. Newton was appointed to read the next paper.

There being no further business, the meeting adjourned until February 3rd, 1914 at 8 p. m.

H. FORD SCUDDER, Sec. Pro tem.

H. T. COX, Pres.

COLLEGE NOTES

Herbert T. Cox, M.D.

Prof. T. C. Young and wife left for the east December 18th. They intend visiting relatives in Iowa, whom the doctor has not seen for several years. Prof. Young is also going to attend clinics in Chicago and New York while on the trip. They plan to be back about February 1st.

C. L. Stammers spent his Christmas vacation at Selma with his parents. Stam always takes every chance to get out in the wild and hunt.

J. G. Rhodes returned to his home near Fresno for the holidays, and review his anatomy by studying the action of skeletal muscles from practical demonstration.

The busy over-occupied Registrar, Dr. H. Ford Scudder, laid aside reports, grade cards, bills and even the dry bones of the skeleton, and many other precious articles in his keeping, and hied himself to Redlands for a few hours of quiet rest amid peaceful surroundings.

The following may be later appointed by the student body to fill auxiliary chairs on the following subjects:

"Guinea-pig farming" _____Dr. Atkins
"The Peculiarities of Guinea-pig" _____Dr. Millisch
"Abnormal Conditions of Anatomy" _____Dr. Roath
"A Physician's Adventures With Natives in Africa"____
_____ Dr. Billingsly
"How, When, Where and How Much to Eat"___Dr. Stammers
"How to Study Medicine, Teach and Practice"_____Dr. Clark
"How to Be Head Lady in the Class"_____
_____Dr. Wirict and Dr. Obenmuller
"Detective Methods of Sherlock Holmes"_____Dr. Clever

Dr. J. W. Williard who once occupied the chair of Specific Medicine and Diagnosis for two years, has moved to Los Angeles, and will take charge of the out-patient clinic and give lectures at the college on specific medication and diagnosis. We know of no one who is better equipped to teach this subject from practical experience than Dr. Williard, and he was always much beloved by his students.

NEWS ITEMS

Dr. G. L. Coates is in San Francisco convalescing from a severe surgical operation.

Wanted: A young man eclectic to assist a physician in Northern California. The income will be $200 to $300 per month, possibly more.

Dr. E. F. Robinson has changed his address in Chicago to 1363 Washington Blvd., Station C.

Dr. Leon Bourgonjon announces his removal to 2111 Park Grove Avenue near 23rd St., Los Angeles.

Dr. and Mrs. E. L. Welbourn, Union City, Indiana, are spending the winter in Los Angeles.

Dr. J. A. Munk has returned from an extended trip through Arizona.

BOOK REVIEW
SUGAR AND SALT FOODS OR POISONS?
Dr. Axel Emil Gibson

Will A. Kistler Co., Los Angeles, Publishers.

Dr. Gibson is well known to our readers by reason of his articles which have appeared in this Journal from time to time. He has made a persistent and consistent study of the diet question for many years; and his opinions are given due consideration by those who are interested along that line. This book suggests a different point of view, and that is worth something, even though you fail to agree with the author.

The California Eclectic Medical Journal

Vol. VII. MARCH, 1914 No. 3

Original Contributions

GOSSYPIUM

H. T. Webster, M. D., Oakland, Cal.

The common use made of this drug is to stimulate abnormal appearance of the menses. Here it is not a medicine, but a drug, and Lloyd Brothers, and possibly other drug houses, adorn original containers with a red lable, marked "poison." And it is really such when ordinarily employed, because its action is destructive, though not always effective. I shall, therefore, with these few words, pass over this action of gossypium, and devote a brief space to the agent as a therapeutic resource.

It is strange that so reliable a remedy in the condition commonly referred to as hysteria has so long remained unnoticed by the majority of the profession, even in our own school. Within the past twenty-odd years my experience with it in pronounced cases of this kind has been large, and almost inevitably satisfactory. As I have kept no record of cases treated with it in such condition, I cannot, from memory, recall many of them, but as illustrations, will refer to two cases of very recent occurrence.

Several months ago the neighborhood in my vicinity was disturbed much, especially at night, by the crying of a child. It amounted, much of the time, to a piteous screaming, and some of the neighbors surmised that brutality was being exercised by the parents, but investigation proved that they were kind, and that they were doing all in their power to pacify the child and prevent it from making the outcry by trying to soothe it. They were informed that the family physician had tried to do something, but had failed completely, and had finally advised spanking, the throwing of cold water into the child's face, locking it in a dark closet, and various other disagreeable measures, to frighten it into obedience; but the

child only screamed the louder at such times, and the case seemed very discouraging. Great care was exercised to refrain from provoking it in any way to set it to going into one of the screaming spells. I have heard it scream at the top of its voice continually from dark in the evening until three or four o'clock in the morning, for several nights running. The family occupied an adjoining house to mine, so we were much disturbed by it.

One day, while the good wife was suffering from a headache, I spoke to the mother, who happened at the time to be in the back yard, asking her if it would not be possible to quiet it, as the noise was, at the time, a great nuisance. She informed me that the case seemed intractable, for they had tried everything in their power to quiet the child, and recounted the efforts they had made and the futile measures recommended by their doctor. She remarked that she would be glad if I could recommend anything that would have any effect in the case. I told her that I believed I could do something for the trouble, and supplied a two-ounce vial containing a drachm of specific gossypium diluted in water, with directions to give a teaspoonful every three hours while the child was awake. I may add that the subject was a delicate, puny girl about five years old, with a highly developed nervous organization. The screaming soon ceased, and after that the night was no longer disturbed by it. This was remarked by the neighbors, and the mother was so well pleased that I have since been the family adviser. A few weeks afterward the child showed a disposition to relapse, but another bottle of gossypium speedily arrested the symptoms. I do not want it understood that this remedy will always quiet a squalling child, but I do assert that when it depends upon a hysterical condition, which, though rarely the case, it is the only remedy known that can be depended upon.

A few weeks ago I was wakened out of a sound sleep by a ring of the door bell, and, upon inquiry, I was asked to go to a neighboring house to see a young woman who could not stop laughing. I found a robust negro girl, about twenty-one, who was convulsed with laughter. This was loud and prolonged at times, and alternated with short spells of giggling. It was after midnight, but the neighborhood was aroused by the hullabaloo. I could hear it when within a few rods of the door. The patient was very much distressed, but could not stop. While engaged in some playful sport with the younger children early in the evening she had began laughing, and had kept it up for several hours and was getting worse instead of better. The room was full of anxious darky women, friends

of the family, and men folks were clustered in an adjoining room, all very much alarmed.

I called for half a glass of water and added a couple of drams of specific gossypium to it, ordering a teaspoonful to be given every fifteen minutes. I waited until two doses had been given, after which the patient soon ceased laughing and went quietly to sleep. There was no more trouble.

I have relieved women who had been lying several days in a rigid condition with hysteria, permanently, in an hour, and some of these had been under the care of a medical attendant all the time without relief. It is a wonder in such cases. Nothing else in our materia medica belongs in the same class with it.

Another place for it is where women about the menopause manifest peculiar mental disturbance. Though formerly capable wives and mothers, they now become despondent, irritable, morose and complain of many distressing ailments, such as numb spells, hot flashes, sleeplessness, and fear of impending insanity. Such cases may at length merge into insanity, though usually they lose these unpleasant symptoms spontaneously after two or three years. Nothing acts so promptly here as gossypium. I add an ounce of specific gossypium and an ounce of alcohol to enough water to fill a pint bottle, and order a teaspoonful four times daily. Manifest improvement soon follows. I never prescribe for any case with more confidence than when I prescribe gossypium here.

Of course, any such case may require additional treatment, but gossypium is the basic remedy. Sometimes a mild tonic helps; sometimes a little pulsatilla, in combination, is required; any case may present some complication demanding an adjuvant, but gossypium seems to reach the fundamental disturbance.

This is not an original idea with me. "Honor to whom honor is due." Dr. F. P. Mitchell brought the idea out, and to him belongs the praise. The June number of the second volume of the National Quarterly contains an excellent article on this remedy along these lines by Dr. O. C. Baird, of Chanute, Kansas, but he gives the credit to Professor Wintermute. This gentleman undoubtedly owes the credit to an article from Dr. Mitchell, published first in Dynamical Therapeutics. To him is at least due the credit of being astute enough to investigate what appears there, something which few others seem to have done.

REFRACTION—ITS VALUE IN NERVOUS DISORDERS

Dr. Edward P. Bailey, Los Angeles

The human eye like the rest of the body is undeveloped at birth. Nature originally made everything according to the perfect laws of chemistry (combination) and geometry (form), but man has not lived in accord with nature, and suffering, while in a large measure the result of actions of his forefathers, is also due to the lack of co-ordinate development of the organs of the body.

The eye is put to such active uses early in life that it develops faster than the rest of the body, and as a consequence ceases to grow long before other parts reach maturity. For this reason nearly all eyes never reach normal development. They are guilty of either Myopia, Hyperopia or Astigmatism, very often a combination of the two latter conditions.

Because of the fact that nature gave the eyes one-tenth of the entire number of nerves in the body, it is proof that they needed it; and when we find they are the only organs in the whole anatomy which have the power of concealing or overcoming their defects, or at least a majority of them, by an extra demand upon the nervous system, it can readily be seen what a sacrifice of nervous energy is involved, and accounts theoretically, for many of the ills that medicine and surgery have failed to cure permanently. Putting this theory into practice and correcting the error in the eyes has proven conclusively that a great majority of nervous disorders are only functional derangements, through organic defects which nature cures quietly when given an opportunity, with a pair of properly fitted glasses. We have found that the eye defects cause the disturbance, and it was aggravated by the habits of the individual.

The nerve element is the nucleus of life; thus the nervous system is the principal factor in sustaining life and health.

The impingement, or waste of nerve energy, is the primary cause of at least 80 per cent of all human ills. The eyes are the only organs of the body able to, and that will, involuntarily overcome their own deficiencies, by an extra demand on the nerve supply by the ciliary nerves action on the muscles which operate the crystalline lens, consequently, they are a profound source of nerve waste.

Unusually acute vision is positive proof of deficient development of the eyes, and the amount of defect which will produce vision above normal is great enough to increase the demands on the general nerve supply at least 25 per cent, often more.

It is in childhood days that the eyes should receive careful

attention. If one but remembers that only 10 per cent of all persons have normal eyes, and stops to think of how constantly these delicate organs must be employed in acquiring an education, ofttimes forced to tasks too great even for the few who are blessed with perfect health and normal eyes, and consider the sensitive organism of the growing child, it is not hard to believe that many children suffer. In many cases disturbance does not manifest itself until maturity is reached.

It is safe to assume that a child's eyes are as undeveloped as the rest of the body, and we would not think of imposing tasks of any great endurance on any other part of its body, and there are societies and laws to prevent it, but we send them to school and expect them to do about four times as much work with their little abnormal eyes as any fully developed adult could stand, and then wonder why they are sick and nervous. There is a reason.

Of the many symptoms by which eye defects may be recognized, headaches are by far the most general, though there may be blurred or painful vision, red or watery eyes, granulated lids, twitching or frequent winking of the lids, with a constant scowl, loss of appetite, dizziness and nearly always nervousness, with more or less irritability, nausea, listlessness, bedwetting, depression and cross-eyes.

In the majority of cases it is defective eyes that causes a child's lack of interest, and ofttime an aversion to school and study, for he either has the headache or the print becomes blurred, when he begins to study, or he cannot see the work on the board; he becomes idle and indifferent, is considered stupid and uninteresting, and is pushed aside as "the bad boy" or dunce of the class. Many a boy has been a dullard at school and made a failure in after life simply because there was some defect in his eyes, which made it impossible for him to see things as they really were.

The brain gets most of its information through the eyes, and also most of the all-important faculty, judgment, and if the eyes do not see correctly, both information and training are necessarily defective.

These facts are obvious; yet thousands grow up, struggle, fail and die without knowing the simple and perhaps easily curable cause of their misfortunes. In every school room today there are these curable, so-called dullards. Every pair of young eyes should be suspected until they have been thoroughly examined.

To add to the matter of symptoms, I may say they are as varied and as many as there are people. One will be dull mentally; another excitable; another have indigestion, others neuralgia, piles, bladder troubles, menstrual difficulties, fits and

many other so-called diseases, which are not diseases at all in the sense generally understood, but simply nervous derangement, because the inco-ordination, ocular and systemic, caused by eye-strain primarily soon involves the whole apparatus, and when each part falls just a little short of its full duty the combination is disastrous to the entire nervous system.

In all cases where you find a contraction of the ciliary muscle of the eye you will find a sympathetic contraction of every spinchter in the body.

In my practice the first corrective measure I adopt is to stop all avenues of nerve waste, then proceed with remedial treatment.

Patients may frequently come wearing glasses, but it is a 50 to 1 bet that the lenses they are using show an undercorrection, thus accentuating their troubles, if not causing them. In many cases they are wearing minus instead of plus power; in others a dioptic or more out of their normal range. Under correction is sometimes worse than no correction at all, as with a large degree of error the ciliary musele will sometimes simply balk and not try to overcome the difficulty, thus saving the irritation, but the patient will not see well, and then knows for certain he needs glasses, but if he is not fully fitted he is liable to some of the well known nervous disorders.

Fitting glasses (Refraction) is a more delicate operation considering its ultimate results than that of the surgeon; in the case of the latter the results are seen and prognosis safely possible, no matter how the work is done; but in the case of the former the results of refraction are not fully seen at once, to a certainty, and if incorrectly done, the resulting experience may not demonstrate itself for considerable time, owing to gradual break down of health.

Therefore, in the words of MATURE MEDICINE, I state "Great skill and care are required to fit glasses properly to either hypermetropes or myopes, because the first class resist full corrections unconsciously, and the second encourage overcorrection in the same manner. Both produce bad situations; hence the eye doctor must know not only physical laws, but he must know physiological idiosyncrasies, and how to avoid being tripped up by them." He must be able to recognize, and know the difference between tonic and clonic spasms, to be able intelligently to proceed with his tests.

Doctors, should any of your patients, showing any of the foregoing symptoms, not respond readily to your treatment or give evidence of becoming chronics, look to the leeches on the nerve supply, and get out your test case. They will ever afterward thank you. You will cure up your old patients, but many new ones will take their places as a result thereof.

EXTRA UTERINE GESTATION

Dr. O. C. Welbourn, Los Angeles

Read before the California State Eclectic Medical Society

I have elected to introduce this subject because my personal observation teaches me that it is not very well understood. Not that I expect to throw a great light upon it myself, but rather to evoke a free discussion which I am sure will be mutually helpful.

Normal pregnancy probably begins in the fallopian tube, and is transferred to the uterus during the early hours of gestation. By reason of congenital mal-formations, destruction of the ciliated epithelium lining the tube, or distortions due to peritoneal adhesions this transference may not take place, and as a result we have a tubal pregnancy. With the development of the gestation in this organ, there soon must be a rupture. A so-called tubal abortion takes place and the gestation is thrown into the pelvic or abdominal cavities. Nutritional association with the mother is thus broken and the embryo dies. It now becomes a foreign body as well as a substance suitable for the growth of pathogenic organisms.

With this brief resume of the aetology and pathology let us now discuss the diagnosis. The patient following a period of sterility, believes herself to be pregnant. After the first six weeks, there is a good deal of pain and sero-sanguineous discharge from the uterus. A diagnosis of incomplete abortion is made and the curet used, though the small quantity of debris removed is disappointing to the operator. A careful bi-manual palpitation at this time will reveal a sausage shaped mass instead of the normal tube. Also a careful review of the history will show that the pains have been irregular, of a lancinating character, and in the right or left iliac region instead of the hypogastric. At this point a positive diagnosis should be made and the offending tube removed under very careful aseptic technic. However, in my experience, the diagnosis is usually delayed and the gestation proceeds. Some portion of the tube is dilated beyond its strength, there is a rupture, causing a sharp lancinating pain and a hemorrhage without the tube. It may flow into the peritoneal cavity or into the broad ligament. The quantity of blood lost may be large or small. If it be large there rapidly develops a collapse characterized by cold, clammy skin, dilated pupils, subnormal temperature, weak and rapid pulse, and irregular respiration with air hunger. On the other hand, if the hemorrhages be a continuous oozing or slight and recurrent, the quantity of blood lost will be comparatively small and there will be no collapse. The loss of blood will pass unnoticed until a clot is later found in the cul-de-sac or broad ligament. By reason of its location such a clot becomes readily infected and the usual signs of sepsis supervene. At this time a diagnosis of acute

pyosalpinx probably will be made and an operation performed. Immediately upon opening the abdomen the true nature of the disease becomes obvious and a positive diagnosis is made. Doubtless it should have been made earlier, but the above is the usual course of the disease. As described it is found frequently—far more frequently than you would suspect from statements made in text-book literature.

FAITH IN OLD FASHIONED ROOTS AND HERBS

"One does not have to be very old," said a New Yorker whose boyhood was spent on a farm, "to remember when the mother of the household came pretty near to being the whole thing in the family doctor line, and her faith in herbs and roots and barks was as strong as her industry in collecting them in their season.

"During the summer and fall months she gathered snake root, pink root, blood root, mandrake—May flower, so-called —colt's foot, poke root, catnip, horehound, elder blows, boneset, wild cherry bark, whitewood bark, poplar bark, sassafras root and bark and other barks and herbs too numerous to mention. Along the walks of the garden she kept growing rows of medicinal herbs—yarrow, sage, tansy, balsam and many others. Each and every one of these, wild and cultivated, had its curative value.

"Croup, whooping cough, mumps, hives, earache, toothache, measles, colic and all the other ailings that juvenile flesh was either heir to or caught from the neighbors quickly ran up against discouragement in the shape of some decoction or concoction evolved from mother's collection of 'yarbs.' And it was not only the ills of the rising generation of her day that mother unhesitatingly went up against with her home curative agents. A bottle of gin and poke was ever on the shelf ready at any time to knock father's rheumatism into the middle of next week, and in spite of the poke root father would take it and feel better.

"Sick headache was forced to become a well one when brought in contact with whitewood bark soused in whiskey, while boneset tea was a febrifuge that required but a few draughts of it to make one's temperature tumble back to normal. And was somebody about the house feeling 'all run down and draggy'? Well, there's the whiskey and wild cherry bark bottle upon the top shelf of the cupboard alongside of the 'camphire' bottle—another never failing resort in time of need. Dally with that whiskey and wild cherry bottle gently three times a day and the first thing you know you'll be as good as new.

"Great tonic that whiskey and wild cherry bark. Even the hired man admitted it.

"If any spring had come and gone without the annual sassafras tea being brewed and partaken of copiously by every

member of the household mother would have regarded the outlook for the family health as dark indeed, for it was then that the blood needed 'thinning' and sassafras tea was the boss thing to do that important sanitary job.

"But the household doctoring wasn't confined to the use of roots and barks and herbs. There were salves and ointments and washes and gargles and applications of numerous kinds and gifts to meet the occasion, all ready to the making from ingredients on the premises. The gargle of vinegar, salt and cayenne pepper, with the accompanying slice of fat pork, made hot with the same kind of pepper, and bound round the throat on a piece of old red flannel — necessarily 'old' red flannel, according to all housewife tradition—was the all sufficient treatment for sore throat, not only the simple kind but the dreaded one known as quinsy.

"The bottle of strained honey—always the dark honey, or honey made by the bees before they began to work on the buckwheat blossoms—and the jar of goosegrease were yanked down from the shelf when some one of the youngsters roused mother from her peaceful slumbers with the honk, honk of croup. Quickly down upon the cause of that alarm signal went a generous dose of the honey syrup. Leaving it to its work, instantly followed the hearty massaging of the youngster's chest with goosegrease, the course of treatment closing with a big square of coarse brown paper—the like of which we see no more — liberally coated with goosegrease and placed firmly on the patient's chest. Any case of croup that didn't take itself off and away within fifteen minutes after being met with that reception was not of record.

"Who ever had a cold in those days of home treatment without going right to work at it with mother's onion syrup? Onion syrup was simply the expressed juice of roasted onions made into syrup by simmering in sugar in a covered vessel and taken in liberal doses. It somehow certainly did do the business for a cold.

"I was up around my old home region last summer and was surprised and disappointed not to see the boy with a stone bruise. Why, in the olden time, the boy who didn't coax a stone bruise on his heel some time during the season's round of pleasures was sort of looked down on as lacking in something or other. Whether the stone bruise on the heel was made to show the efficacy of mother's soap and sugar drawing plaster in dealing with such visitations there is perhaps now no means of knowing, but that plaster certainly did have a draught that made the stone bruise pale its ineffectual fires, so to speak, and go 'way from there.

"But folks today, somehow or other, seem to get along pretty satisfactorily, although the old fashioned home practice of the curing art is tucked away on the commodious shelf of the has beens."—New York Sun.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

THE DECADENCE OF PROFESSIONAL AUTHORITY

It has been said that the public has lost confidence in the medical profession. In a measure this is true and it behooves us to search out the cause and remove it, even as "if thine eye offend thee, pluck it out." However such a spectacular procedure might be insufficient, seeing that the profession is afflicted with a complication of chronic complaints none of which is necessarily dependent upon the others.

This is an age of change and readjustment—not necessarily synonymous with progress—and a certain proportion of the people are looking for the latest, believing that thereby they are getting the best. Many doctors aim to keep in close touch with the public and supply what the public wants irrespective of its value. Their methods of treatment are constantly changing, as likewise are their patients, and the consequence is a general loss of confidence on the part of the thinking public. A more potent cause of loss of faith is the oft-repeated assertion that the profession can do nothing for such grave diseases as pneumonia and typhoid. An idea which was evolved in the "higher circles" a few years ago, and has gradually filtered through to the general public. This erroneous conclusion of the public as to the helplessness of the

profession when help is most needed is a serious matter for them as well as for ourselves, and it is high time that we make an energetic effort to place ourselves in correct position. This is, in a large measure, a personal matter between ourselves and our patients, and if so undertaken the seed sown will return ten fold and that almost at once. Perhaps the biggest stumbling block to the older members of the laity who think it the complete reversal of treatment for well known diseases which takes place every few years. For instance, the "authorized" treatment of typhoid for the last twenty years has varied from large doses of acetanilid to ice tubs for fever, brisk catharsis to active astringents for diarrhea, starvation to stuffing for the exhaustion, and hot packs to ice packs for the ulceration and tympanites. Naturally the people wonder which is the best treatment. They lend a willing ear to statements that all are futile, and possibly conclude that as a class we are a bunch of fakirs. Also many of the laity know that not many years ago surgeons anxiously awaited the appearance of pus, while at the present time it is met with anathemas. Should we be surprised that they wonder just a little bit, and with wondering there develops doubt, and when doubt comes in at the door faith flees through the window. Much of this could be prevented by less discussion of the details of our treatment with the laity. Any statement is likely to be misunderstood, and, after all, the patient really is interested only in getting well. He cares very little as to how this is accomplished, so long as it is done quickly and well.

HINTS AND WINNOWINGS

Mothers with fashionable tendencies are not as bad, nor as heartless, as they often appear—they are simply slaves to fashion and what they mistakenly believe to be "good form." If it could be made fashionable for them to nurse their own infants, a lessened demand for prepared baby foods, as well as a decreased death-rate, would soon follow. There are many sensible women in so-called good society who lead an active life, keep all of their social engagements and still nurse their own children. There is no valid reason why every healthy woman should not furnish her offspring with the food to which it is clearly entitled. Nurses are liable to be meddlesome, and begin to feed the child milk from the time of its birth, as well as try to please the mother by telling her that it is quite unnecessary for her to nurse her infant. A great deal of harm is done in this way, and many lives are lost by feeding the child milk from the moment of its birth. Nature furnishes the child no milk for the first two or three days.

If fed at all it should be with water to which, perhaps, a few drops of milk may be added. Some nurses seem afraid to give children water to drink. The child cries and opens its mouth, into which the nurse puts more milk, while the infant may be suffering from the effects of being given milk too freely. Many nurses seem unable to distinguish hunger from thirst. I have many times seen crying babies become quiet and quickly go to sleep after being given a few teaspoonfuls of water. There is no equivalent for human milk, and a woman should either nurse the being she brings into the world or furnish it a wet nurse—one who can successfully pass a medical examination, showing that she is free from disease, and especially that she is not contaminated by diseases of a venereal character.

In an interesting article on the duties of women to their offspring, Dr. Alice Scharlieb, a popular physician of England, pointedly remarked in substance that doctors had been greatly to blame in previous generations, and now nurses were very much to blame for they were constantly advising mothers not to nurse their babies. Until the women of the upper classes followed the example of the highest lady in the land and looked after their own families we should not have the race we ought to have. There was a tremendous responsibility resting on women doctors. The primary duty of a woman was to bear a healthy child and suckle it.

Schools for mothers are urgently needed, and while municipal governments are seeking means of lessening infant mortality it would be well to consider such schools. Mothers should be instructed in all things relating to the rearing of children, including the importance of having them properly clothed. Many children die from chills of the abdomen. The need of fresh air should be urged, as well as the fact that danger may result from undue exposure of infants while obtaining it.—Ed. Eclectic Med. Review.

PERISCOPE—AN INSANE CLASSIC

A penniless lawyer of Chicago, hopelessly insane, who was an inmate of the hospital at Dunning, died a few years since, leaving nothing but the following prose poem, in the form of a will. It will outlive many a learned treatise destitute of imagination, fancy or sentiment; and even many a bit of verse illuminated by the glow of true poetic feeling. Incidentally it illustrates the kinship which often subsists between talent and mental observation, and may serve and correct current misconceptions with reference to the nature of insanity.

"I, Charles Lounsberry, being of sound and disposing mind

and memory, do hereby make and publish this, my last will and testament, in order, as justly may be, to distribute my interest in the world among succeeding men.

"That part of my interest, which is known in law and recognized in the sheep bound volumes as my property, being inconsiderable and of none account, I make no disposition of in this, my will. My right to live, being but a life estate, is not at my disposal, but these things excepted, all else in the world I now proceed to devise and bequeath.

"Item: I give to good fathers and mothers in trust for their children, all good little words of praise and encouragement, and all quaint pet names and endearments, and I charge said parents to use them justly, but generously, as the needs of their children shall require.

"Item: I leave no children exclusively, but only for the term of their childhood, all and every, the flowers of the fields, and the blossom of the woods, with the right to play among them freely according to the customs of children, warning them at the same time against thistles and thorns. And I devise to children the banks of the brooks and the golden sands beneath the waters thereof, and the odors of the willows that dip therein and the white clouds that float high over the giant trees. And I leave to children the long, long days to be merry in, in a thousand ways, and the night, and the moon, and the train of the milky way to wonder at, but subject, nevertheless, to the rights hereinafter given to lovers.

"Item: I devise to boys jointly, all the useful, idle fields and commons, where ball may be played; all pleasant waters where one may swim; all snow clad hills where one may coast; and all streams and ponds where one may fish, or where, when grim winter comes, one may skate, to have and to hold these same for the period of their boyhood. And all meadows, with the clover blossoms and butterflies thereof; the woods with their appurtenances, the squirrels and birds and echoes and strange noises, and all distant places which may be visited, together with the adventures there found. And I give to said boys each his own place at the fireside at night, with all the pictures that may be seen in the burning wood, to enjoy without let or hindrance, and without any incumbrance of care.

"Item: To lovers, I devise their imaginary world with whatever they may need, as the stars of the sky, the red roses by the wall, the bloom of the hawthorne, the sweet strains of music, and aught else they may desire to figure to each other the lastingness and beauty of their love.

"Item: To young men, jointly, I devise and bequeath all boisterous, inspiring sports of rivalry, and I give to them the disdain of weakness and undaunted confidence in their own

strength. Though they are rude, I leave to them the power to make lasting friendships, and of possessing companions, and to them exclusively, I give all merry songs and brave choruses to sing with lusty voices.

"Item: And to those who are no longer children, or youths, or lovers, I leave memory, and I bequeath to them the volumes of the poems of Burns and Shakespeare and of other poets, if there be others, to the end that they may live the old days over again, freely and fully without title or diminution.

"Item: To our loved ones with snowy crowns, I bequeath the happiness of old age, the love and gratitude of their children until they fall asleep."

The above contribution may perhaps reconstruct some of the current ideas concerning the nature of insanity. It was given Samuel E. Earp, M. D., by Professor B. D. Myers, of Indiana University, who clipped it from The Institution Quarterly, Volume 2, Number 3, State of Illinois: Board of Administration, December, 1911.—Indianapolis Medical Journal.

Just now we hear a great deal about fear producing disease; that if we could exterminate fear, there would be absolute health.

But I think if we could get a good, wholesome, soul-searching, life-sized fear started among our young people for some things, it would tend amazingly to curtail our death rate, empty our hospitals and homes for feeble minded, and blind asylums, and incidentally rid our profession from a large element that trade on people's ignorance and sins. Fear may not be the highest incentive for self-government, but it would tend to protect the innocent.

Professor Schafer of Edinburgh University, at the meeting of the British Association, delivered the presidential address on "Life." He called attention to the breaking down of the dividing line between animate and inanimate nature. Growth and reproduction no longer constituted the test of discriminating between life and non-life, since organic crystals grew and multiplied and reproduced their like, while chemical reagents —even a mechanical or electrical stimulus—were capable of starting the process of fertilization in living organisms. In short, vitalism as a working hypothesis had been undermined, and the term vital force was an expression of ignorance which could bring us no further along the path of knowledge. Professor Schafer's address, perhaps the most challenging pronouncement delivered by a president of the British Association since Tyndall's famous utterance, though in the main a thoroughgoing vindication of the "mechanistic" position, is

marked by some important reserves. The remarks he made about life must not be taken to apply to the conception to which the word "soul" is attached. "The fact that the formation of such a conception is only possible in connection with life and that the growth and elaboration of the conception has only been possible as the result of the most complex processes of life in the most complex of living organisms, has doubtless led to the belief in the identity of life with soul. But, unless the use of the expression 'soul' is extended to a degree which would deprive it of all special significance, the distinction between these terms must be strictly maintained."

This is a very guarded admission; none the less it distinguishes Professor Schafer from such ultra-materialists as Haeckel. The gradual process of the change from lifeless to organic matter makes it none the easier to comprehend what caused the first stirring of life.

HOW SHALL WE TELL IT TO OUR CHILDREN?

Alice H. Anderson, M. D., Los Angeles, Cal.

I do not know how Dr. Bryant came to know my hobby. I thought it a safe secret, known only to mothers and the girls who are to be the mothers of the next generation.

In the privacy and intimacy of my own office, with an audience of only one or two, I have been talking along these lines for lots of years, sometimes with gratifying results, often with despair, feeling that little regard and sometimes scant courtesy is accorded the preaching woman.

A young doctor cousin of mine said when we graduated he would not be a patient of mine for anything in the world if he had gone wrong, for I would be sure to preach. I am glad he said it, for it has saved many an unfortunate a richly deserved sermon. I hate a nagging woman, and was glad to be set right early in life.

I started out with high ideals of the service the physician could render mankind and incidentally womankind, and if the ideals are coming in on the home stretch slightly demoralized and a little ragged around the edges, it is on account of a naughty world—not the fault of the ideals.

Our president asked for a humorous paper, but that this subject could be treated humorously is inconceivable—rather as it is usually told or left untold, would tend to make angels weep.

The only humorous thing about it is in asking a woman who has developed her motherhood only by proxy, in loving other people's children, to tell physicians who know, or ought to know more than she does about it, how to raise a family.

Yet, such women and old bachelors are the only ones fit to raise children and succeed in making them perfect.

Grant me that I have no new thing to tell and no new way of telling it—only a woman's way. For I find myself always being a woman first and physician afterwards. That is a handicap for the physician part of it, but one cannot be everything equally.

This subject naturally resolves itself into four heads:

Who shall tell our children?

When shall we tell our children?

How shall we tell them and what shall we tell them?

Who shall tell them? Shall it be the public school? To be sure, it is telling them—a thousand things, true and untrue—pure and impure—in snatches and whispers, behind the doors and on the playground and under the trees, until intelligent parents are appalled at the knowledge of evil that young America is acquiring, supplemental to knowledge imparted within doors by over-worked and conscientious, but helpless, teachers.

They may teach physiology, hygiene, psychology, and moral philosophy—anything and everything as a basis for a correct understanding of natural law and a foundation for the construction of character—but when the parent asks or wishes that the public school, or any school or teacher, shall be responsible for the internal things in the life of the child, he admits himself inefficient or careless—or ignorant. Really, I think this last covers the larger ground.

We must remember the parent is untaught. If we could get one perfectly good generation of parents as a starting point, instead of this endless chain arrangement, in which the knotty problems recur with each succeeding revolution with changeless regularity. The ever circular reasoning—what the parent does not know he cannot impart to the child, and who is to teach the parent—that is the problem.

So it is education and evolution, and education and evolution and then some more education and evolution, until the machinery of life becomes adjusted.

The pulpit is learning to deal with human problems, instead of dry dogma and doctrine, and as it grows broader and wiser, it will teach the parent much, and grow less and less afraid of defiling its high calling by lending itself to human needs. If it were possible for the church to start a new world with a perfectly well informed Adam and Eve, it would do the world a great service.

The press, with all its faults and flippancy, is awakening beautifully to the new idea that it is of more value to make men and women than to make clothes or make love, of the

"happy ever after" kind, as in the "Ladies' Book" days of our grandmothers.

The women's clubs are taking up the subject manfully. They are breaking the eight-hour law for women in their mad rush to be revolutionary, and though the shots fired may scatter a little, they hit the mark more often than they miss, and if we are a little strenuous in trying to teach each other things, we are at least breaking the ground for fruitage in the future.

What, as physicians, are we doing? It seems to me more than any one we hold in our hands the key to the welfare of the young. We are often too busy or too neglectful to give of our knowledge—or it may be that the things we have so constantly in our minds seem too trivial to mention. But how far-reaching would be the result if each physician, every time when coming in internal association with the prospective parent, could make him understand his duties and privileges.

We talk of the home as the bulwark of the nation; and it is, but that home word does not mean a house with two or four people living in it; it means to the nation and society just what those two or four people stand for—their attitude toward each other and the human possibilities resulting from that relation. I am suspicious at times that our youngsters are not told often enough that they are bulwarks, or that they stand for anything in particular but their own selfish living.

But, granting that we have an average father and mother, reasonably intelligent and reasonably conscientious, and the little child comes into the home, when shall we begin to tell him of the mystery of his being and when shall we deliver to him the chart that shall guide his after years and bring into harmony the warring elements within himself that he may become a well-poised individual?

I do not believe that any set rule can be made for this. Circumstances and environment, as well as the development of the child, must decide. But it seems to me that the mother, being a woman, should develop the sixth sense—call it intuition or tact, what you will—the innate something that instructs her when the psychological moment arrives.

If she lives in close touch with her soul ever on the alert, her finger on the pulse and her ear attuned to catch the heart rhythm of her child, she will no more be mistaken when to speak than she would be mistaken when the bud unfolds into full-blown flower.

Personally, I am a little old-fashioned. I do not like the forcing process. So, until the need of knowledge comes, let the child be carefree, healthy and hearty, romping without self-consciousness or sex-consciousness, as long as possible. There are those who will take issue with this, those who think all

things should be taught early, that no mystery should be made of things purely physiologieal. But I must contend that the very wise and very knowing and over-developed little people miss much of the dewy bloom of the flowering period when forced to bloom too rapidly or too young.

But one rule always holds good, tell them first and tell them yourself at home before knowledge comes from some impure and unreliable source. Always tell the children first and always tell them the truth. It may not be wise to tell them the whole truth, but what it is necessary to tell, tell it truly. None of us respects a liar, and when a parent brands himself as that to his child, the confidence can never be wholly restored. It may be necessary to say to the child, "Mother does not think you quite old enough to understand the full explanation of the things you ask, but there is no knowledge which your parents will not impart when the time is ripe."

I think that half my cases have complained to me of the lack of knowledge at the time of puberty or first pregnancy that should have been imparted by the mother, had she been wise enough or had interest enough. There is a form of selfishness among women that is sometimes named modesty. The story runs about like this, "I am too sensitive, or too nervous, or too modest, or too something or other, to talk to my daughters; won't you do it for me?" "Surely, I am willing, but why shouldn't you?" "Oh, I don't know how, and I am so sensitive." And yet these same mothers will tell a very questionable story before their young children and never seem conscious that they have tarnished themselves in the telling or sown seeds for future reference and questioning in the child.

So how shall they tell the story? This is how one mother told her daughter when quite young, as early as there was need. She was an old-fashioned woman, too, of an ultra refined type, and without book knowledge or magazine or woman's clubs or pulpit knowledge—just good sense and a character in which duty was spelled with capitals and pleasure and inclination made to coincide with duty.

She explained as best she knew the physiology of menstruation and ovulation. She did not want her child to be frightened or uneasy at its appearance; it was a perfectly natural function, to be reported to mother on its appearance, that she might give her proper care.

She spoke of the ethical side—the passing of the child into womanhood, when the cheeks grew rounder, the eyes added luster and the figure assumed new attractiveness and gracefulness. A period to be desired and not despised, for this function made possible under certain conditions the crowning

glory of her womanhood, the possibility of her motherhood, of which she would tell her in due course of time.

She wanted the little daughter to accept the new life forces within her as the highest gift of her being, to be cherished and never abused, and never to be discussed flippantly with other children, for only very coarse people talked degradingly of beautiful things. That things so extremely personal were not discussed carelessly by refined people and made common.

This may sound like sentimentality to those who call spades spades and never bat an eye. But it was beautiful sentiment to the daughter and she entered her womanhood, reverently holding it a sacred thing to be a woman, because of the latent possibilities involved, and careful that no blemish of soul or body should mar its symmetry.

Then we come to the mating time; and what shall I say? I have raised rather a large family of girls—"proxy girls." But the things we have said to each other are most too intimate to be told to strangers.

So often a girl, at this age, is all heart and no head, and when, if she becomes disillusioned, she is all head and no heart, it is a problem to adjust the balance. She is so little accustomed to judge of values—how much is the primitive call of nature and how much the worth of the man whom her head should approve when she gives her heart. Her choice is difficult, for really the woman does choose—negatively at least. Shall you like your sons to be as their father? Largely "like produces like." The seed that is sown returns in its kind.

Here the girl shrinks. Shall there be children? Yes, usually. But the story becomes beautiful in its unfolding. Tell her how she shall come into her marriage relation, as she would enter the Holy of Holies. Teach her that it is a real sacrament, not in name only, but in truth. They twain are one flesh—not because the church or law makes them so, but because each is the complement of the other. If their home is only a few divisions beneath a toadstool, there is happiness because of complete understanding. (I give this as an antidote for the overworked divorce court.)

Often the young, and quite as often older people, consider as synonyms the terms, happiness and a good time. So often the girl feels that her good times are curtailed by entertaining motherhood, and has to learn that happiness means more.

Instruct her how she is building cell by cell the little life that is the blending of the two. Give her sympathy in the new strange path she is treading and encourage her for a happy culmination. That the little inmate must have a clean, pure house of its own, without restrictions, must be properly nour-

ished and exercised and cherished until such time as nature shall lay it in her arms to begin a new phase of its existence. Tell her that as she builds the body beautiful, she must build into the soul of it, step by step, impressions that are wholesome; she is building the foundation for the character of a human being.

A friend, who is a theosophist, took issue with me for this recently, claiming the mothed had nothing to do with it, just any old soul could be returned to earth through this channel. It saves a lot of responsibility, to be sure. But just because I want to, I suppose I shall go on thinking that every baby has a nice, clean little soul of its own to begin with and not some one's else worn out one, and that the mother helps to mould it materially.

Then here, the cycle begins again, and one wonders if the progress is backward or forward. There is another way to tell our children, and pardon me if this illustration has a personal side that was pleasing, for there have been failures enough to keep me from any egotism.

A big, overgrown boy of sixteen came in from the country to go to school and work for us. Of such boys we make real men in the Middle West. After the high school and the business course, he left us. But two or three years later dropped off one morning to tell me he had found the dearest girl in the world and was to be married soon. After congratulations and many misgivings on my part—for she had a temper and St. Vitus dance, a combination hard to beat—he wanted to tell me something more: that he was bringing to his bride a character as clean as her own (thanks to me). But I said, "Bob, I never talked to you much—not so much as I ought to have done, maybe." I never quite knew how to talk to boys. Then he said, "You never talked to me much, but 'you expected me to be decent,' and, living in your house, as I did with you, made me want to be."

Are we expecting our children to be decent? Do we tell them by our own attitude toward life that it pays? Do we make our homes such that they want to live up to them?

Visiting recently in the home of one of my proxy girls, I congratulated her on her sympathetic management of her little girls. "Yes," the young father said, "I am trying to do with my boys what she is doing for the girls, for I hold that a boy has a character to keep and develop just as much as a girl." I thanked him for reminding me of this almost obsolete idea.

And that reminds me, I have talked almost exclusively of the feminine side—partly because I am accustomed to it and partly because it devolves largely upon the mother usually

to raise the family, and especially to do the telling to the children—if there is any telling done. It is her business in life, or ought to be. The average father avoids telling his children anything as he would a pestilence—yes, more. I think he would eat microbes with less trepidation than he would talk cold facts to his young son. Yet he has his place in life, a larger place than the one accorded her.

A friend's small boy, who had noticed a decided difference of opinion between the heads of the family, and after the father went down town, asked the mother what fathers were for, anyway. She said, "to earn money for mother and children while she cares for them at home," etc. The lad said, "It seems to me if I were a woman I would earn money while I was young and keep it so when I was raising a family, I would not have to be bothered with any fathers."

A father is proud of his boys when they do well and more lenient with them than the mother when they go wrong, for he knows how it is himself. But he is only half acquainted with them. He is positively shy when it comes to an intimate consideration of the things in the boy's life that are of paramount importance, during the adolescent period. I wonder if men really are more modest than women. Sometimes I have thought so, or perhaps they are less brave. The father wants to be helpful. He knows that he is shirking his duty, but he can't get himself in line. He talks to his sons of everything under the sun but that; takes him to the ball game and tells him how to become an athlete; spares no pains on his education. He wants his son to know that he is in sympathy with him and an all around good fellow to chum with, but he expects him to find out for himself the meaning of the new experiences he is undergoing, and only a kindly fate saves him, if he is saved at all, from catastrophe in some form. And how dearly the knowledge is brought that we see in the wrecks about us. The tottering gaited, crutch encumbered in the childless homes. The blind and crippled babies. The sacrifice of the unborn and the blackening of woman's honor. The shattered hopes of parents, and, not least, the nation's loss in its full quota of manhood.

Some one has said this better than I:

So I had my joy of life:
I went the pace of the town;
And then I took me a wife,
And started to settle down.

I married a girl with health
And virtue and spotless fame.

I gave in exchange my wealth
And a proud old family name.
And I gave her the love of a heart
Grown sated and sick of sin.
My deal with the devil was all cleaned up,
And the last bill handed in.

She was going to bring me a child,
And when in labor she cried,
With love and fear I was wild—
But now I wish she had died.
For the son she bore me was blind,
And crippled and weak and sore!
And his mother was left a wreck,
It was so she settled my score.

I said I must have my fling,
And they knew the path I would go;
Yet no one told me a thing
Of what I needed to know.
Folks talk too much of a soul
From heavenly joys debarred—
And not enough of the babes unborn,
By the sins of their father scarred.

How shall we tell it to our children? I do not know. But we must tell them with no uncertain sound. The question is so many sided, so fraught with pregnant meaning to all mankind. There is such urgent need to tell it now, that we, as physicians, should awake to our responsibilities.

To those of us who look far, it is the nation's need. This want of knowledge no nation can stand, if its people are weaklings.

There must be stalwart men—virile and self-governed; a calm, sensible and dignified womanhood, if the nation stands. And these we must make out of our children.—Pacific Coast Journal of Homeopathy.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Indianapolis, Ind., June, 1914, Dr. W. S. Glenn, State College, Pennsylvania, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1914, Judson Liftchild, Ukiah, Cal., President; H. F. Scudder, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May, 1914, Clinton Roath, M. D., Los Angeles, President; H. C. Smith, M. D., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. H. T. Cox, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY

The regular meeting of the Los Angeles County Eclectic Medical Society was held on February 3, 1914, at the college.

The minutes of the previous meeting were read and approved.

The names of Paul Bauer and Louis H. Freedman were proposed and both doctors were elected unanimously to membership.

A committee composed of Drs. Cox and Baird were selected to visit Dr. W. C. Bailey, who is on the sick list.

The paper of the evening was read by Dr. Oran Newton entitled "Intestional Auto-intoxication." The discussion which followed was interesting and included the reports of a number of clinical cases.

The next meeting will be on March 3rd, at which time Dr. Clinton Roath will read a paper.

Adjournment.

P. M. WELBOURN,

H. T. COX, Pres. Sec'y.

NEWS ITEMS

Dr. Henry G. Pyle, Pasadena, has opened an office in the Washington Building, Third and Spring Streets, Los Angeles.

Dr. A. O. Conrad has moved from his long-established office at 517 South Broadway to the Marsh-Strong Building.

Dr. H. V. Brown has opened an office at 919 Hollingsworth Building, Sixth and Hill Streets.

Dr. A. G. Smith, Fair Grounds, Marion County, Oregon, was a recent visitor in the city. The Doctor had entered some of his horses in the driving races at Ascot Park.

Dr. C. N. Mosher, Kinsley, Kansas, may be addressed at Hotel Eugene, 560 Ruth Avenue, Los Angeles.

Dr. W. C. Bailey, Los Angeles, who suffered a cerebral hemorrhage recently, is reported to be improving.

Dr. L. H. Freedman, Auditorium Building, and Dr. Paul Bauer, 1139 West Seventh Street, are new members of the Los Angeles County Eclectic Medical Society.

Dr. A. D. Tilden, Riverside, was in Los Angeles on professional business recently and visited the new building of the Westlake Hospital.

Dr. H. W. Gates, Waco, Texas, sends in his renewal for the California Eclectic Medical Journal. This does not express his loyalty to Eclecticism because his check covers annual subscriptions to ALL the Eclectic journals.

WANTED: To sell a homeopathic practice, well equipped office, auto, etc., in Southern California.

WANTED: A good Eclectic Physician to take the office of a well established doctor. The office is well furnished and rent very reasonable.

WANTED: Assistantship or Locum Tenens to a busy physician or surgeon, one with hospital practice preferred. Just returned from post graduate course in Europe. Any of the Western desired.

"Dr. Atkins, whose graft is the rectum,
Said, 'Others may cut or inject 'em,
I remove a bad pile with a three-cornered file;
'Tis rare that I ever infect 'em.'"

TREATMENT OF A SEVERE BURN WITH GLYCO-THYMOLINE

"Glyco-Thymoline is fine for burns. I was called a short time ago to attend a little Polish boy, four years old, who was badly burned about the face as a result of an explosion.

"He was burned so badly that his eyes were closed from the swelling and I was afraid his sight would be lost and told the parents so.

"I applied a wet compress of pure Glyco-Thymoline on absorbent cotton and returned in 24 hours. To my surprise his eyes were opened. A good deal of pus formed later, but I continued the same treatment for eight days, when he fully recovered, minus eyebrows and some hair.

"No other treatment was used except a little vaseline on the lip where an eschar had formed.

"I neglected to state that I did not see this case until 26 hours after the accident occurred, hence the great swelling and the pus that formed later."

J. R. Lyons, M. D.,
Mount Pleasant, Ohio.

The California Eclectic Medical Journal

Vol. VII. APRIL, 1914 No. 4

Original Contributions

PITUITARY EXTRACT IN LABOR

E. R. Petskey, M. D., Diamond City, Alberta, Canada

This extract has practically opened a new field in the practice of obstetrics. It certainly does lessen the period of suffering for the patient, and in most cases the hypodermic case and the chloroform bottle can be left in the physician's grip. For the busy physician, who finds it difficult to spend several hours in waiting at a patient's house, this is certainly a boon.

This is a sterilized extract obtained from the posterior lobe of the pituitary gland. It is best administered by an intramuscular injection into the buttock.

To those who are trying this for the first time, I would say a word of warning: "Get everything in readiness, and have your hands sterile and gloves on, **before** giving the injection, or else by the time you are ready, you will probably find that the child has been born."

The os should be fairly well dilated and if the membrane has not already ruptured, then rupture it with a probe. Ofttimes one finds it difficult to get at the membrane and in such cases I usually administer the pituitary extract first, and then the membrane will balloon out, thus admitting of easy access.

Those who are interested might read a report from Dr. Milne, in the Indian Medical Gazette, of Calcutta, of June, 1910, or a synopsis of same in the Therapeutic Gazette of Detroit, Mich., December, 1913.

I shall now cite a few cases in which I have been using this extract:

Case 1, Mrs. L.

Admitted to the hospital on October 26th, 1913, at 8 P. M. Temperature 98; Pulse 60; Respiration 20. Given an enema, bath and Elixer Hypnotica dr. 1. Patient was rather nervous and restless. The last two confinements had been attended with instruments. This was her eighth child. Slept at long intervals that night. At six in the morning hard pains set in at about fifteen minute intervals. 6.15 A. M. hypo, of H. M. C. At 12.45 P. M. the pains came in close succession and so I gave her 1 c. c. of Pituitary Extract and at 12.55, the child was born without instrumental aid, which was a great joy to the mother. The same day the baby was put to the breast at 9.15 P. M. On the fourth day the patient was sitting up in a chair.

Wherever it is possible, I give the patients a regular course of exercises to go through each day after confinement and find that by doing this I am able to get them up and around much sooner.

Case 2, Mrs. J. S.

Called on patient on November 27th at 3.00 A. M. Patient was a very fleshy woman and of rather sluggish habits. This was her seventh child. Labor had set in twenty-four hours prior to my call. Pains were steady and regular. Abdomen remarkably large. Examination showed,—R. O. A. Os well dilated. Membranes unruptured. Injected 1 c. c. Pituitary Extract (Burroughs & Wellcome's). Punctured the membrane, when about two and a half gallons of fluid escaped. Immediately afterwards the child was born and the placenta followed at once. Baby weighed six pounds. Placenta was about four inches in diameter.

Again a case where a mother was overjoyed with the quick work, saying, "that this was the quickest she had experienced."

Case 3, Mrs. L. P.

Called on December 15th. Pains had been going on for about twenty-four hours. Pulse was good. Patient complained of severe pain in the back and in the lower limbs. Gave an H. M. C. hypo. On examination found the Os fairly well dilated. Gave 1 c. c. of Pituitary Extract, ruptured the membrane and in ten minutes the child was born.

This was a case of premature labor, being between the fifth and the sixth month. The child weighed one and a half pounds.

After delivery the mother began to complain of a severe pain in the right side, and, on examination, I found a large tumor present. At once the suspicion of multiple pregnancy arose, but I could detect no fetal heart beat nor any contour of fetal parts.

An hour and a half having elapsed with placenta showing no tendency to loosen, I put my hand high up into the uterus and was then able to detect fetal limbs. I waited about another half hour and then gave a second dose of the Pituitary Extract, and in a few minutes the membrane ballooned out, which I ruptured. Immediately the other twin was born.

The first twin was an R. O. A., while the second was a Breech presentation, with the lower limbs, one flexed and one extended. Left shoulder joint was dislocated. The second child was much smaller than the first. Noticing signs of asphyxiation, I at once cut the cord and performed artificial respiration, but that with no good results. Then, by direct mouth contact, after nearly two hours laboring between life and death, I managed to get the child to breathe of its own accord, and finally it began to cry.

Unfortunately the last born lived only a few hours, and the first born for four days.

In conclusion, I want to repeat, that I find very little use for hypodermics or chloroform when using Pituitary Extract, but I would not have it thought that I entirely discard these useful aiders, for there are at all times cases coming up where one has to resort to such remedies. There are the nervous and worn-out patients to be considered; and how often do we appear on the scene after labor has been going on actively for perhaps twenty-four hours or more. It is my principle never to let a patient suffer unnecessarily, and I think this is also the motto of every well-meaning physician. What I do mean to emphasize is that in the great majority of cases, by the aid of the above mentioned extract we are able to make such short work of a confinement case that it would merely be a waste of time to give any other injection or chloroform.

MUCOUS COLITIS

Herbert T. Webster, M. D., Oakland, Cal.

This is otherwise known as membraneous colitis, tubular diarrhea, mucous colic, etc. In confirmed cases, there is soreness and tenderness of the entire abdomen, with obstinate constipation and occasional diarrhea. Small quantities of blood may be passed with the stools, but a more common accompani-

ment of the fecal dejection will be jelly-like masses, with shreddy, tough, stringy membrane, either segregated or mixed through the evacuated mass. Defecation is almost invariably attended by tenesmus.

General debility, with indigestion, insomnia, irritability and nervous depression are the general symptoms. Reflex disturbances, such as periods of faintness, cardiac palpitation and dyspnea frequently attend. The symptoms are stubborn, persistent and chronic.

Ordinary medication, in this condition, is very unsatisfactory. Our usual remedies for intestinal affections afford little relief to the patient or satisfaction to the practitioner. One can very easily lose credit as a physician in the management of such cases. After many years of disappointment I have found two remedies which are worth mention. I believe either one will cure most cases. The probable cause is toxic material, generated by unwholesome bacteria in the alimentary canal. The destruction of these causus morbi is the point to be aimed at. Something which will not be absorbed, but which will travel down the alimentary passage and correct the evil, is to be selected.

A very potent agent in this case is the bacillus Bulgaricus of Metchnikoff. This bacillus possesses the power of destroying the germs upon which mucous colitis depends, and within three or four months the disease is completely cured by its use. I have had the action of this remedy under observation in several instances, and am well convinced of its efficacy. It is put up in both tablet and fluid form. The fluid is furnished in tubes of proper dosage, and it is this form that I have employed. Most druggists keep it in stock, and it is accompanied with proper directions for use.

Another remedy upon which I depend with confidence is that recommended several years ago by Dr. David Wark, of New York. It is the pitch of the yellow pine (pinus palustris) of Georgia and the Carolinas, an article used by boat builders for caulking seams. The crude product is reputed better than any refined form, and Dr. Wark advises that obtained from ship chandlers. Several years ago I investigated this subject, and found that on this coast the pitch comes in resinous form —not in pliable shape. By warming it and moulding under hot water I was able to work it into pills, but found that these passed through the alimentary canal unaltered. Dr. Wark advised incorporating it with flour, so I changed my method and ground it in a mortar, triturating it afterward with wheaten flour, equal parts, and then administered it in capsules, giving three grains before each meal and at bedtime. Results have

been very satisfactory, though I hardly think improvement follows as speedily as when the bacillus Bulgaricus is administered. However, I have been greatly pleased with my success in its use. The baeillus is a later arrival.

Thus far I have found little benefit from other drugs or measures. Of course some attention to diet is not unimportant. This should be unstimulating, digestible, and nutritious; peppery food and other stimulating diet, hot table sauces, vinegar, pickles, old, strong cheese and alcoholic drinks should be avoided. All articles of diet which ordinarily disagree with a feeble digestion should be left out of the regimen until all symptoms of mucous colitis have been left far behind.

MUCOUS COLITIS

Dr. Judson Liftchild, Ukiah, Cal.

There seems to be style in disease as there is in wearing apparel, and any physician of twenty years' experience will bear me out in this assertion. It may be that we grow partially immune to certain maladies so that they become less prevalent but mortality tables evidence that certain diseases become fashionable at stated periods and become less noticeable in prevalency at others. Smallpox a few decades ago was a virulent and dangerous disease, but today it is frequently mistaken for chickenpox or rebaptized as "dobey itch," a favorite term with physicians, who are rusty on nosology. Influenza, masquerading under the term la grippe, was an unusually fatal malady when I first began the praetiee of medicine, but today is, while still common, by no means the fatal disease it was at that time. I could oceupy considerable space in innumerating other complaints whieh at one time were dreaded but the reader can recall them from his own experience.

Among diseases that are attraeting our attention, from their increased frequency, mucous colitis is exciting quite a good deal of comment at the present time, and it is at the invitation of the editor of the Journal that I have undertaken to add to an already overburdened literature on this disease. I do not recollect that it was a frequent ailment twenty years ago, but my cases are growing more numerous of late, and I have been looking over the different monographs dealing with this disease in order to familiarize myself with the results of the experience of others. A probable reason for the increase of this disease is the frequency of nervous ailments due to our high pressure civilization. Our forefathers used to take time to eat and sleep, ate good, hearty, undigestible food, and took "ish ke beble" for their motto. All this has been

changed, and as a result we have the nerve specialist, with his crowded office and neurasthenia, is more common than boils. What the next generation will be, with the boys of this one smoking cigarettes at seven and girls wearing corsets at ten, all kinds of preservatives and adulterations in our food, days spent in getting rich quick and hours of "relaxation" spent in ragtime amusements, more racking on the nerves than hard work, I leave to the imagination of the reader.

True mucous colitis, while not a new disease, is a product of this age and this type of civilization, and is a secretion neurosis. Two other types are recognized, one being a catarrh of the intestines, more noticeable in children, and accompanying digestive derangements and colic; the other in local irritations of the bowels and carcinoma of the rectum and colon; and also in tubo-ovarian disease. True mucous colitis is more noticeable in women, being met with in nervous and hysterical patients. The patient complains of passing large quantities of mucus, tenacious, slimy and gelatinous; sometimes coming away in strings and occasionally tubular in form. Often there are paroxysms of colicky pains, sometimes so severe as to similate appendicitis, followed by the mucous discharge. A number of years ago, in Oakland, a charlatan reaped an abundant harvest in "doctoring" this disease. Most of his clients were women, and he laid great stress on the discharges, having them saved for examination, and claiming that it was purely a rectal disease. Each patient was provided with a small rectal speculum and certain injections, and at stated intervals came to the office bearing bottles of mucus for his inspection. He had a partial perception of the cause of the trouble as his patients were required to assume the recumbent position and to "absolutely" relax for an hour daily.

Mucous colitis, colitis colica, membraneous enteritis, tubular diarrhea, etc., ad infinitum, for every writer invents a new name for it, is purely neurotic, the lesion being in the sympathetic nervous system, and there is little gained by recognizing different types of the disease; it mattering little whether the intestinal lesion preceded or followed the one in the sympathetic nervous system. There are few pathological changes to be observed. There may be constipation or diarrhea or frequently they may alternate. The patient is nervous and worried, and usually becomes a hypochondriac, as he fails to find permanent relief form the recurring attacks of pain with the accompanying passage of large quantities of mucus. There is absorption of toxic material from the intestinal tract, digestive disturbances, eructations of gas and borborigmus.

As in all diseases difficult to cure, there is considerable

difference of opinion as to treatment, though all lay stress upon the neurasthenic basic lesion. Osler, as usual frankly iconoclastic regarding drugs, states that they are of little value, and it must be confessed that he is not alone in this conclusion as all authorities lay greater stress upon local treatment and dietetics than on medicine. Intestinal antiseptics seem to be of little use, and I discarded them some time back. Great claims have been made for the bacillus Bulgaricus and its power to destroy putrefactive germs on which depend intestinal putrefaction and toxic absorption. In administering it the quantity of water ingested must be limited and the diet mainly confined to vegetables, fruits and farinaceous foods of the coarser kinds. Coincident with this treatment, the high frequency current is used for half an hour daily, 1500 to 2000 milliamperes being passed from a large metal electrode covering the abdomen to another of the same size placed over the lumbar region.

Most of the treatment given for the neurosis is practically impossible, except in a sanitarium; although the rest cure, a Weir Mitchell treatment, hydrotherapeutic and electrotherapeutic measures, are unquestionably of value.

Irrigation of the colon with the long tube, using a tepid saline solution, is the most effective means of getting rid of the mucus. Alternating these with injections of warm olive oil is excellent, and is often quite comforting to the patient. I use them daily as a prophylactic measure. All concur that the coarser, bulky kinds of food, those containing a large residue, are of value. The pain can be alleviated by adding tincture opium to the oil injection, by hot cloths or turpentine stupes or a sitz bath. Constipation is to be relieved by dietetic measures, and not by laxatives. I have noticed that catharthis is like lying, one lie calling for another.

I have not attained many flattering results with medicines, except in benefitting the neurasthenic condition accompanying the disease, and therefore affecting it through the sympathetic nervous system, but others seem to have met with better success than I have. Webster advises the following, which has been of some benefit in my hands: Specific Sambucus Can. dr. ii, Phytolaeca dr. i, F. E. Berberis Aquifolium oz. i, F. E. Grindelia Squarosa oz. i, Aqua ad. oz. vi; S., one teaspoonful after meals and at bed time. As he remarks, "This may be used steadily for months," he is evidently not sanguine of speedy cures. In fact, all writers agree on the chronicity of the disease, and patients are apt to lose confidence in the treatment pursued and go elsewhere, which is often hailed with pleasure by the long suffering physician, who is, after all, but human.

PRACTICAL EUGENICS—THE DISCOVERY OF HECTINE

Hector Alliot, Sc. B., Los Angeles, Cal.

Scientific betterment of the human race is a recognized modern problem.

It is, however, no new undertaking—but rather the survival of a principle as ancient as man himself.

When our remote prehistoric ancestor, in the desire to more effectually protect his offspring against enemies of all kinds, united his strength to that of his neighbor for mutual defense, then was sown the first seed of altruism. From the help afforded by one possessing physical force equal or superior to his own was engendered man's first appreciation of his fellow man, and from that sensibility developed the desire to surpass in strength and endurance the best that his neighbor could do, for the only superiority then recognized was that of prowess. So the first community of men had for its leaders those who had shown greatest valor and cunning in the chase, evinced extraordinary courage upon the field of battle.

Finally, after many centuries, it was borne in upon the minds of primitive people that the community having a preponderance of strong warriors, of mighty hunters, was collectively the most prosperous, and little by little the unscientific and practical men and women of the early commonwealths experienced the indefinable quickening of the divine altruism, which bore fruit in the recognition of the community as the social form, having greater claims—more imperative demands—upon the individual than his family or any self interests. The strong of both sexes were, therefore, mated together, regardless of their private preferences, that the state might have propagated sturdier defenders and acquire greater prestige. Men of superb vigor and physique soon won the admiration of their fellows, and—romance enhancing their virtues—the commonwealths began to breed heroes.

Later, during the classical age of Sparta and Athens, this system of primitive eugenics was exercised to a degree, resulting in the production of the then ideal citizen, one showing the highest possible efficiency of service to the commonwealth.

Spartan principles have been applied by many of the aboriginal tribes throughout the world, for the importance of breeding men and women of extraordinary brawn and sinew is most apparent to those people who recognize force alone as the law—the law of the strongest. Among these the Zulus in Africa represent the highest result of compulsory eugenics. For whether his type is observed in Cairo, where the English have made a policeman of him, or in his native "bush," the Zulu at once impresses one as a remarkable specimen of physical

manhood, extraordinarily developed as to size, range and endurance qualities. It is a fact that they are not only the best type of Africans, but in stature they are the exception that proves the power of eugenic principles, for they are taller by several inches than the people of any other tribe on the dark continent.

On the American continent a little known tribe, the Seri Indians, inhabiting the Island of Tiburon, off the coast of Mexico, represents almost in its perfection the application of similar practices. By means of stringent tribal laws which compelled the careful selection of mates, and the destruction of the unfit in infancy, these primitive people developed the size, endurance and strength of their men to a remarkable degree. While Central and South American aborigines were—with the exception of the Patagonians—small of stature and of medium size, the Seri warriors were so gigantic and of such prodigious strength that the old historian Venegas records that he was filled with wonder to see that one of them—one of the very few ever taken alive—was so tall that a Spanish soldier of ordinary height came only to his breast.

While the results would seem to justify it, a rigid official control over mating, and an equally inexorable tribal supervision over the fitness, training and life of the young, are possible only among people lacking in the refinements of culture. While we have recognized and proven the thorough efficacy of the eugenic practices of our unscientific ancestors, we have applied them only to the improvement of domestic animals and plants. Such marked success has attended these efforts, however, that in a comparatively few generations of selected species we have changed the color, size and character of many flowers and vegetables while in the animal world we have evolved—from ordinary stock—the Durham bull, the Merino sheep and the Percheron horse. Yet for various manifest reasons we have not applied this improved knowledge of breeding to the human race. The ethical progress of man has been such that modern society would rebel against the methods necessary, or any system that would eliminate the co-efficients of love, congeniality, sympathy and attraction from the marriage relation.

So it is only theoretically that bitter war has been waged against the influence of heredity and environment upon the offspring, although the civilized world is of one opinion as to the desirability of inducing the production of healthy, physically robust children. Practical modern scientists, and students of sociology throughout the civilized world have been striving to devise some method by which they might bring about the same results as those achieved by our uncultured ancestors, without doing violence to our modern ideas of private rights. They

have come to the conclusion that the essential feature of the eugenic problem of today is the conservation of the initial health, vigor and purity of blood of the individual.

By the increased congestion of population in cities, the unsanitary conditions resulting therefrom, and the indulgence in luxuries unknown to our forefathers, the strength and stamina of the race is being reduced, the blood contaminated, and our bodies rendered less resistant to disease.

If the mating of the strongest types is not possible under present conditions, it becomes necessary to at least prevent wedlock between the weakest. Civic hygiene and sanitation, the prevention of disease, a better knowledge of physio-chemistry, these are the practical remedies considered best suited to present day requirements.

Next in importance is the eradication of taints and stigmas. Tuberculosis in its various forms is better understood today, more scientifically and successfully combated than ever before in the history of mankind. In time its propagation will no doubt be greatly reduced, and its taint upon the progeny of the future circumscribed. But since men have gone down to the sea in ships, and traveled from one section of the globe to the other, there has been another foe—far more insidious—that has cursed our race generation unto generation, and this dread scourge is syphilis. The laity know little of it, its ugly features have been kept in the obscurity of the laboratories of the medical man and ethnologist. It exists, however, wherever man is known, and harvests its victims by thousands, mutilates other thousands, and procreates generations of scrofulous, rachitic offspring, who in turn produce generations of unfit. Volumes, libraries one might say, have been written on this disease. While it is perhaps not desirable to dwell unnecessarily upon the malady—loathsome to speak of its causes and effects —it is well that we devote our utmost intelligence to fight for its extermination.

Where it had its origin no one seems able to determine. It is evident that the early Hebrews knew of its existence, it was malignantly manifest during classic times, and the ancient Egyptians vainly attempted to conquer it; it seems reasonably established that it entered Europe during the siege of Naples by Charles VIII, in 1495. Since then, with pernicious activity, it has spread until in varying degrees of virulence it is now prevalent in every country under the sun. Portugal alone—for some unknown reason—is more nearly immune than any other land, the disease existing there in a very mild form, while newer territories have been decimated by its ravages. Its most deadly effect seems to have been upon Europeans residing in tropical places, the affliction being far more malignant when

contracted by a Caucasian from an aborigine, and vice versa; while infection of a person from another of the same race has proven much less serious in its results, gradually losing its force, and in some cases showing a natural and unaided tendency to cure itself.

In its general and final result the most nefarious effect of syphilis upon males and females alike has been the affecting of offspring in numerous ways, and the general reduction of the vitality of the race, thus preparing the way for other native or imported disorders by weakening the resistance to disease. Loathsome as are its direct manifestations, its consequences are all the more serious, extending to countless generations of weaklings, who—successively and permanently affected—transmit defective bodies and exhausted energies to their children, with all the attendant train of scrofula, anemia and other consequent afflictions.

As a curative agent in the treatment of this disease, arsenic has been recognized as a specific since the early days of the Roman empire, sandarac, or red sulphide, being first employed and that later succeeded by orpiment, or yellow sulphide. Arsenic was the active principle of the celebrated "Libson potion" of the middle ages, as well as of the "decoction Lusitanienne." Walchner, the famous German chemist, discovered that the therapeutic value of the Wiesbaden springs,—which had long been patronized by persons afflicted with the disease,—lay in the fact that there was a strong constituent of arsenic in the waters. La Bourboule, in France, is popular for the same reason.

In 1839 Professor Donovan of the University of Dublin first suggested the combination of iodides of mercury with arsenic in the treatment of the malady, and in 1856 the celebrated Dr. Ricord, improving upon Professor Donovan's formula, produced the solution which bore his name and which for many years remained the standard. Of late, however, a better knowledge of chemistry and of new curative agents has stimulated many scientists to further research in the matter, resulting in a number of improved arsenious compounds which have proven to be excellent remedies. Prominent among these have been atoxyl, arrhenal and arsacetin, but unfortunately all these, while beneficial in some degree in the treatment of syphilis, have been found upon experiment to be in many ways otherwise harmful to the patient.

One of the most indefatigable workers in this field of research has been Dr. Antoine Mouneyrat of the French Academy of Medicine. He has been perhaps more successful in his achievements than any other modern scientist, and has given to the world many successive formulas capable of wide appli-

cation and important to the welfare of mankind. His experiments on the biological effects of arsenic compounds, and his consequent discovery of Hectine and Hectargyre place him at the head of chemical investigators; should these remedies prove to be all that medical observation thus far indicates, his service to humanity can scarcely be overestimated.

Since 1902, when in his thesis for his doctor's degree he elucidated the curative merits of arrhenal in the treatment of syphilis, Dr. Mouneyrat has given himself almost exclusively to the study of this one substance—arsenic. Prior to that he had originated many chemical formulas of industrial value, especially in the manufacture of perfumes and extracts, and his method for the dissolution of rubber is that employed throughout the world today. He himself discovered arrhenal, in conjunction with Professor Gautier, and his treatise on "Organic Arsenic" is recognized as an authority.

Born in 1871, in the mountainous country of Correze, of humble parents, Dr. Mouneyrat is essentially a self-made man. He first became a pharmacist, then went to Paris, where he was assistant to Professor Friedel in the laboratory of the Academy of Sciences; there he won a scholarship which enabled him to go to Berlin for further study and where he was a collaborator of Professor Fischer. In 1902 he passed his final examination for doctor in medicine, having acquired the same degree in science in 1897. Five years later he was rewarded with a chair at the Academy of Medicine, and has since been honored by numerous scientific and industrial societies. This man of forty years belongs to that enthusiastic school of French savants whose researches and time have been largely devoted to pure science as applied to therapeutics and industry, without other hope of reward than the joy of accomplishment. In their pursuits these men have evinced that care and caution recognized today in the scientific world as of the highest efficiency, for rarely has a discovery been indorsed by the academy and proven to be other than as announced. Restraint is a marked characteristic of the French method of scientific investigation, and a new discovery must be able to withstand all possible tests—overcome every real or imaginable opposition—before it is publicly proclaimed.

Dr. Mouneyrat, while enthusiastic and devoted to his aims, has adhered unfalteringly to the tenets of his school. His finished scientific education and thorough equipment, his expert knowledge of arsenic and its derivatives gained from ten years of laboratory and practical experimentation, above all his fine human sympathy, peculiarly fitted him for what he had set as his life work—the conquering of syphilis. After centuries of empirism it would seem that the thoroughness of French scientific research had at last attained the unattainable

—a positive preventive as well as an absolute specific for that most refractory and pernicious affliction of mankind—a means of alleviating untold suffering and improving the human breed.

It is restricted by no secrecy—no patent limits its wide beneficient possibilities; in its final perfection it presents merely the logical, simple, commonsense result of chemical knowledge gradually arriving at a solution by the time-honored process of elimination; it is here set forth as authorized, that all may know what the remedy is, from whence it came and how it was accomplished.

When Dr. Mouneyrat set for himself the difficult task of solving this problem, it presented itself to him in four propositions, that will be recognized as essential by any person of intelligence:

If atoxyl (as already determined) has a proven curative value in the treatment of syphilis, what factor in it is most active?

If in this compound the element having highest curative quality is determined is it not possible to increase the strength of the compound to a greater degree of efficiency?

Of all combinations found effective to select the one that is most potent.

Having determined the element most useful to reduce to a minimum those qualities harmful to the human system without impairing its curative powers.

It would be tedious to follow the innumerable laboratory experiments which finally resulted in the production of the desired combination. The name of the product—after the manner of chemical nomenclature—associates the various substances which enter into its constituency; it speaks more eloquently than can any words of praise for the thoroughness and inexhaustible enthusiasm of the scientist: Benzo-sulfon-para-aminophenylarsite of soda—a rather formidable title to bestow upon a product however wonderful. Fortunately, Dr. Mouneyrat has, for common convenience, christened it more simply "Heetine," and its mercurial salt "Hectargyre."

"I have made it an immutable rule of conduct since I entered the field of research of therapeutical agents," the doctor writes, "never to present for use on others any chemical substance whatsoever of which I have not tested the effect of upon animals first, and afterwards upon myself; that for a period of a year or more." A statement which his colleagues corroborate.

"It is not simply the general effect that I study, but I confirm by anatomical demonstration its action upon the heart, the liver, brain, muscles and the nerve centers."

His method may be slow, but it is prudent. Human life is too precious a thing to be held at the mercy of medical mis-

takes, and our own kind may not be regarded as mere subjects for experimentation. When a friend ventured to remonstrate with Dr. Mouneyrat for taking "unnecessary risks" in testing the virtues of a discovery upon himself, he replied that if it was all he anticipated he would be able to heal thousands, bring joy to countless stricken households, and save multitudes of innocents unborn from a terrible inheritance, so that no effort should be spared to ascertain positively whether—as he hoped—"Heetine" had been thoroughly divested of the dangers of other arsenious compounds. Then simply, one might say heroically, he concluded—with the gentleness of a wonderfully kindly nature—"Why should I not test it on myself? I certainly prefer to lose one of my own eyes—both if needs be—than to spread broadcast the formula of a chemical compound that might impair the vision of hundreds of beings who might, perhaps, need their eyes more than I."

Much has been written of late—especially in America—concerning Dr. Ehrlich's loudly heralded cure with the cabalistic designation "606." Prof. Bouchard, Dr. Hallopeau and many leading members of the French Academy of Sciences have expressed themselves in most skeptical terms regarding "606," declaring it to be "nothing more than an old French discovery abandoned as dangerous." It is to be regretted that Dr. Ehrlich did not give his formula to the world as fully and freely as Dr. Mouneyrat has that of Heetine.

"The basic principle of '606,'" writes the latter in a recent official report, "is the hydroxyminophenylarsinic acid, which I was the first to analyze and give the constituting formula of. In the laboratory it gives most gratifying results, but unfortunately it does not act upon living tissues as it does in the watch glass of the scientist. It produces coagulation of the albumen in the blood, has a most deleterious effect upon the heart action, and a direct reflex upon the nerve centers, which seems to especially extend itself to the optic nerve, causing impairment of sight and often total blindness." Having been exhaustively tested by many leading physicians of Europe, it was reported upon as "doubtful" in its beneficial results, inducing serious complications in the general health of the patient and proving particularly harmful to the sight.

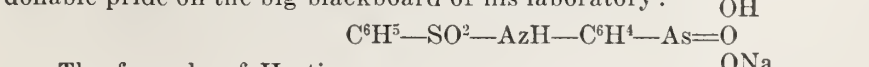
Dr. Mouneyrat had himself discarded its equivalent, hydroxyminophenylarsinic acid, as early as 1908, after having fully satisfied himself as to its pernicious effects upon animals, and anticipated the dangers consequent upon injecting it into the human tissues. Backers of Iena, Iverson and Ruete, Della Favera—specialists of note in different sections—had all corroborated his conclusions before "606" was ever dispensed at large. From recent published statements it would seem that the medical profession of the United States is quite as skeptical,

for a contributor to the Medical Brief for April, 1911, writes, "Already there is—as we predicted there would be—a significant modification of the ardent enthusiasm with which it was hailed as a panacea for all the syphilitic ills that flesh is heir to; and we are beginning to realize that there are problems and uncertainties connected with its use which time and experience alone can settle."

Notwithstanding urgent entreaties, Prof. Ehrlich has not thought it best to give out his formula; and the apparent inefficacy of his remedy may retard for a time the recognition of Hectine and Hectargyre. Dr. Mouneyrat, however, has the courage of his convictions, incidentally he is actuated by the true humanitarian spirit. He first published the origin, combination, complete formula and final results in the production of Hectine in extenso in two issues of the "Journal de Medicine Interne," September 20 and October 10, 1910. Since then its curative value has been tested and absolutely confirmed by such well known authorities as Dr. Milian, Prof. Gaucher of Paris, Prof. Welander of Stockholm, Prof. Filarotopoulo of Athens and many others.

While the remedial worth of Hectine and Hectargyre have been established by successful treatment of several hundred typieal cases,* and thoroughly indorsed by qualified experts, the recent report of Dr. M. H. Hallopeau is a remarkable testimonial. His bulletin to the Academy of Medicine of Paris, published a short time ago, deals with his personal observations on the treatment of syphilitic children and adults by means of this agent. He affirms and points to numerous individual cases in proof of the statement, that Hectine does unquestionably arrest and cure syphilis. He further states that if used within twenty days after the inception of the malady the disease ean be absolutely eradicated—"killed," as he puts it—without fear of further complications or recurrence. These statements are confirmed by Dr. Balzer, the celebrated chief surgeon of the St. Louis Hospital of Paris. So that, on the authority of experts, it may be said with certainty that the remedial agent has been discovered that will wipe out this loathsome disease after five centuries of frightful havoc amongst ignorant natives of every land, the rich as well as the poor, male and female, young and old.

Is it to be wondered at then if it was with a great sense of duty accomplished, of genuine satisfaction, that the modest scientist, Dr. Antoine Mouneyrat—exponent of the canons of Berthelot, Chevreuil, Pasteur and the Curies—wrote with pardonable pride on the big blackboard of his laboratory:



The formula of Hectine.

*"L'Hectine et l'Hectargyre," by Dr. Felix Dive, Jouve & Cie. Paris, 1910.

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"OUR JOURNAL"

Through the courtesy of Dr. Maclean we are in receipt of a copy of the first volume of this Journal. It carries us back thirty-five years, which is a good long time. The editorial announces the beginning of a hard fight, one which shall be waged consistently in the interest of liberty and justice. This fight is still on—has been on since the beginning of society, and will continue on until its end. Always and everywhere the strong have oppressed the weak, and from time to time their fraternal rights have been confiscated. Such is life. Dr. Maclean began this Journal in the defense of principles which it is now our privilege to continue.

NEOSALVARSAN—EIGHT CONSECUTIVE DEATHS

Upon the introduction of "606" we wrote an editorial in which was set forth the claims of the originators in their own language as well as some suggestions of our own relative to its possible dangers, etc. In short, we said, "This is a good time to let the 'other fellow' do the experimenting." Since that time we have mentioned, upon occasion, the advantages

and disadvantages of this drug, endeavoring to keep our readers informed in the premises.

The latest modification as supplied by Erlich is called neosalvarsan, and it is claimed to be quite harmless in the dose advised. However, the Los Angeles County Hospital has recently had an experience which utterly disproves this assumption. The tragedy is of too recent occurrence to determine who is to blame, if blame there be, but the following facts are undisputed: Eight patients, each with a diagnosis of syphilis of the brain, or spinal cord, were given the neosalvarsan treatment. The method used was the lumbar puncture and subarachoid infusion. Seven of these patients died within twenty-four hours, and the remaining one survived but for a few days. Therefor the record shows eight patients treated consecutively and eight deaths—a catastrophy difficult to explain, in fact no explanation so far has been offered. The man who did the work claims proficiency gained from experience, therefore the technic of administering the drug was correct. The drug itself appeared to be all right when used, and a subsequent examination of the remainder of the consignment shows it to be the real thing—answering all of the required chemical tests. A pure drug faultlessly administered to eight consecutive patients and it kills every one of them. Nobody is at fault! Allah wills!

However, permit us to repeat this is a good time to let the "other fellow" do the experimenting.

SALVARSAN DEATHS

Superintendent Whitman's Report

Los Angeles, March 11, 1914.

Honorable Board of Supervisors, Hall of Records, City.

Gentlemen:

I herewith submit to your body a report covering, as near as is possible for me to do, all of the circumstances and particulars appertaining to the fatalities which occurred at the County Hospital following the administration of salvarsanized serum to eight patients, all of whom were suffering from the effects of syphilis in advanced stages of the disease. In some, there was disease of the bones; others were in advanced stages of locomotor ataxia, in which portions of the spinal cord were degenerated. The Wassermann test, which is considered reliable, was made in each and every case; in addition to cell count of the cerebro-spinal fluid and the butyric acid test were made, all corroborating the clinical diagnosis of syphilis.

Hence there can be no question as to the nature of the disease from which these patients suffered. The diagnosis having been confirmed, the question of treatment was a matter of selection. Well knowing that the older forms of treatment had proven ineffective in syphilitic cases, where the spinal cord was involved, and neosalvarsan, which has been regarded as a specific in the earlier stages, had proven ineffective when administered by the blood or into muscular tissue, another recognized mode of procedure was adopted, viz., the intra-spinal administration of salvarsanized serum, the technique of which is somewhat complicated, but it is exact, i. e., the quantity given to each person is definitely known, and according to reports from medical authorities, is more effective than when given in any other way.

In this connection I desire to state to your honorable body that the Los Angeles County Hospital, instead of being an experimental station, as might be inferred from some published accounts concerning this unfortunate affair, is in fact, although progressive, one of the most conservative of its kind, as is evidenced by the fact that the intra-spinal method of using salvarsanized serum had been in use for at least a year in many medical centers throughout the country before being used in this institution, and medical reports seem to indicate that this method is becoming the method of choice by many physicians in the treatment of spinal syphilis. It follows therefore that the treatment here used was no experiment, and I desire at this time to emphasize the fact that no experimental treatment upon human beings has been conducted in this institution since my incumbency, nor will any be tolerated.

On the seventh of the present month, after consultation with several physicians, all members of the attending staff, Dr. A. T. Charlton directed the administration of salvarsanized serum to eight patients in the County Hospital, the serum having been prepared by himself according to authority. As all accounts so far published in the local press concerning the preparation and administration of this remedy to these patients are more or less inaccurate, I submit herewith attached in detail, Dr. Charlton's statement concerning the technique followed by him throughout the whole procedure.

Statement of Dr. Charlton

"On Friday, the sixth instant, between 9 and 11 a. m., I withdrew about 15 c. c. of blood from the veins of the arms of eight patients, and from two others about 6 c. c. of blood only was obtained. The amount of blood received from the two latter patients furnishing an insufficient quantity of serum

for the spinal treatment, I decided to make a dilution which would include eight spinals and two intravenous treatments, and this was done. Two ampules were used for this dilution. On account of the lapse of time the intravenous was not used.

"The blood was taken through sterile pipette placed in sterile centrafuge tubes and the serum separated from the fibrin and red cells. The serum, which was perfectly clear, was pipetted off to the amount of 5 c. c. and this was placed in a sterile glass stopper bottle; to this was added one, two or three milligrams of freshly dissolved neosalvarsan in sterile normal salt solution. Following this there was added to the preparation 8 c. c. of sterile normal salt solution, using a sterile graduated all glass syringe. This procedure was carried out absolutely with the serums from each of the eight patients separately. The preparations were then all placed in a water bath at a temperature of 54C for one-half hour. They were then placed in a refrigerator for twenty hours, each bottle labeled with patient's name and dosage for each.

Technique of Administration

"Under the usual aseptic conditions from three to seven c. c. of spinal fluid was drawn from each patient. Then from each individual bottle there was taken the diluted salvarsanized serum, using a sterile graduated glass syringe, and with this syringe the contents was introduced through the same needle by which the spinal fluid was withdrawn."

I desire to state further that from the time my attention was called to these cases until the present, I have left nothing undone that would shed light upon the cause of this tragedy.

I personally drove to Pasadena and got the coroner, and at his request, went for the county autopsy surgeon. I also called in consultation a half a dozen or more prominent members of the profession, whose knowledge and advice I thought might be of service to us in this emergency.

I personally phoned to all of the morning newspapers, giving them the first information they had of the affair, and I have practically placed myself and the records of the hospital at the disposal of the public through the press and county officials ever since.

As to the embalming of these bodies prior to autopsy, I will state that this was not done at the County Hospital, nor by anyone connected with the hospital, but was done without our knowledge after the coroner had removed the bodies from the hospital.

It is only fair to the coroner to state that to my personal knowledge he was advised by six or more physicians that an

autopsy would not reveal any characteristic lesions that would account for the deaths, and this opinion was substantiated by the autopsy. However, the autopsy was justified, since it revealed syphilitic lesions in the lung, liver and spinal cord in a patient who had denied having syphilis, thus corroborating the clinical and laboratory diagnosis and justifying the anti-syphilitic treatment.

The most plausible explanation of the cause of death in these cases is that oxidation had taken place in the neosalvarsan. This could have occurred through some defect in the glass container that was not apparent at the time the preparation was used.

In conclusion I desire to express our appreciation of the treatment accorded our County Hospital by the great mass of the public and the press in this unfortunate affair, and I can only repeat that there is nowhere more sorrow concerning this unfortunate outcome of what was intended to be for the best health interests of the deceased patients than there is among the house and attending staffs of the Los Angeles County Hospital. Very truly yours,

C. H. WHITMAN,
Superintendent.

UPHOLD YOUR SCHOOL AFFILIATIONS

It is a pleasure to chronicle the renewed activity of the followers of Hahnemann. While the editor of the Medical News is an exponent of the old school, he is devoting its pages to furthering the best interests of every school of medicine. In this day and generation to do otherwise would be to stultify the name of medicine. Besides, after all, what a trifle separates the followers of the different systems! Merely a few formulae in materia medica and therapeutics. Both our homeopathic and eclectic brethren should have the strength of their convictions in regard to the application of remedies. They should hasten to explain their position whenever a fair hearing can be secured; for while there is less prejudice and bigotry than formerly, there is still present a vast amount of ignorance. The late William Colby Cooper was never afraid to express his opinions and he won the respect of his confreres of whatever school. We are still aiming to secure the greatest good for our patients; and if we differ a trifle among ourselves as to the best method to be pursued, the sum total of human happiness isn't diminished to any appreciable extent. Hence, let every physician stand by his convictions, and yet have an

open mind. That should be the slogan of the cultivated man regardless of school affiliations.—Ed. Medical News.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Indianapolis, Ind., June, 1914, Dr. W. S. Glenn, State College, Pennsylvania, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1914, Judson Liftchild, Ukiah, Cal., President; H. F. Scudder, M. D., Indianapolis, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May, 1914, Clinton Roath, M. D., Los Angeles, President; H. C. Smith, M. D., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. H. T. Cox, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY

The regular monthly meeting of the Los Angeles County Eclectic Medical Society was held March 3, at 8 o'clock, at the college. Dr. H. Ford Scudder was appointed secretary pro tem.

The minutes of previous meeting were read and approved. The committee appointed to visit Dr. Bailey made their report.

Owing to the absence of Dr. Roath the evening was spent in listening to short talks by Dr. McKlveen of Iowa, Dr. Gillespie, Fresno county, and others.

There was a discussion concerning the alteration of the society program, and at the next meeting, on April 7, the following program will be followed:

Paper by Dr. T. C. Young—Subject, "Surgery of the Joints and Bones."

Study topic for discussion ..... "Typhoid Fever"
"Etiology and Diagnosis" ..... Dr. J. F. Barbrick
"Complications and Sequelae" ..... Dr. H. V. Brown
"Medical Treatment" ..... Dr. A. P. Baird
..... Dr. Clinton Roath
"Diet, Hydrotherapy, Vaccine, Etc." ..... Dr. A. O. Conrad
"Surgical Aspect" ..... Dr. O. C. Welbourn

Adjournment.

H. FORD SCUDDER,
Sec. Pro tem.

H. T. COX, Pres.

STATE SOCIETY

As the date approaches for our annual meeting, we are very forcibly reminded of a condition of affairs as regards our society and its relations to Eclecticism in general, and the California Eclectics in particular, that has faced us rather frequently during the past year, and has not proved altogether satisfactory.

In glancing over the roll of membership of the various states in the National Eclectic Medical Association, we note that California makes a very creditable showing; particularly so when compared with some of the central states, which have a much larger number of Eclectics within their borders. Nevertheless, this is very meager cause for elation on our part, as it only demonstrates the lack of the spirit of organization upon the part of Eclectics in general.

During the last year or so the Eclectics in this state have had impressed and re-impressed upon them the necessity for more thorough organization, if they expect to make any decided stand against the determined onslaught of the "A. M. A." toward our elimination as a school of medicine. After the new medical practice act had been signed, and the time came for the appointment of a new board of examiners, this was forcibly impressed upon us by the loss of one of our representatives upon the board. Whereas, we had previously had two representatives upon the examining board, we now have only one, and that because of the poor showing made by our state society numerically.

With approximately only 25 per cent of the Eclectics of the state belonging to our state society, we succeeded in securing the appointment of one man on the board of examiners. The Homeopaths, with about 50 per cent of their practitioners in the state enrolled in their state society, secured two representatives upon the board. The connection between the two is not merely incidental nor accidental, but is wholly significant.

A few Eclectics in the state are outspokenly indifferent as to our fate as a school, but their reasons as stated by them, are unjust and based upon a lack of knowledge of the new condition of affairs within the school, or upon a personal feeling toward some member or members active in the society work. This is not true of the great majority of Eclectics in the state. They are true blue Eclectics and have the interests of the school and the society at heart, but from various causes, such as business, distance from place of meeting, or lack of knowledge of the activities of our enemies, they have failed

to ally themselves with the state and national organizations.

Whatever the cause for their apparent indifferenee and lack of interest in the welfare of Eelecticism, it is time they awaken to the gravity of the situation and ally themselves with both their state and national organizations. We want every member of the state society to take an active part in this matter of organization and to secure new members. Look over the list of Eeleeties in your own county or in the neighboring county, write them urging them to join, send their names and addresses to your secretary and let us all go after them.

Your president has quietly been doing a lot of hard work, and his selection of section officers is most admirable. A program is being arranged that will well repay any one for the effort and time of attending the annual meeting to be held at San Franeiseo May 26th, 27th and 28th, at the Palaee Hotel.

H. FORD SCUDDER, M. D.,
Secretary.

HARRY CLYDE SMITH, M. D.,
Corresponding Secretary.

COLLEGE NOTES

Herbert T. Cox, M. D.

The outpatient department has been moved across the street and the address is now 1101 Matoe street. The building whieh it now oecupies is better suited to the needs of the clinic than the one just vacated. Dr. Willord is in charge, and several very interesting eases have been presented to the class. The obstetrical department has also furnished some very interesting eases for the senior class within the last few months. The Saturday clinic at the college conducted by Prof. J. F. Barbriek has grown to such proportions that it can not be handled within the scheduled time.

Dr. Alphonette Goff, graduate of 1913, who is now doing special work at Loma Linda, paid the college and old classmates a visit one day last month.

The trustees of the C. E. M. C. held a called meeting on March 19th, at which important matters were considered.

Dr. H. R. Evans, graduate of 1913, writes to classmates frequently, and wishes to be remembered to all of the older students who know him.

NEWS ITEMS

Dr. and Mrs. E. L. Welbourn have returned to their home in Indiana after a two months' visit in Los Angeles.

Dr. W. S. Gibson has changed his residence to 932 South Gramercy Place, but the office remains at 1956 East First street.

At the annual meeting of the stockholders of the Westlake Hospital Dr. Clinton Roath was elected a director.

Dr. O. C. Baird, Chanute, Kansas, expects to leave for Europe in June for the summer, and wishes some one to take care of his practice during his absence.

Dr. Joseph G. Tomkins has changed his address to 1425 Oxford street, North Berkeley, Cal. Dr. Tomkins' address, as given in our previous issue, was incorrect.

Dr. L. A. Perce, Long Beach, has a broken wrist, and since this is a repetition of former experiences the doctor has decided to prevent future accidents by investing in a self-starter.

The annual meeting of the California Eclectic Medical Society will be held in San Francisco May 26, 27, 28. The National meets in Indianapolis, Indiana, June 16, 17 and 18. Better plan to go and meet your friends.

Judge D. K. Trask, who has been a member of the board of directors of Westlake Hospital since its founding, died suddenly on March 12, enroute to the hospital. Judge Trask was one of the foremost lawyers of the city and a prominent figure in many enterprises, where his loss will be felt most keenly.

Dr. J. A. McKlveen, Chariton, Iowa, a former vice-president of the National Eclectic Medical Association, and for many years on the Iowa Board of Medical Examiners, has been spending the winter in Southern California. Recently Dr. McKlveen was the guest of Dr. H. V. Brown, a former student, and called on many friends in this city.

Dr. John Gillespie, King City, Fresno county, a former student of Dr. McKlveen, was in the city last month and enjoyed a visit with his preceptor.

Dr. Maclean writes that he has made a success as an olive grower. His many friends will rejoice that it is so.

The California Eclectic Medical Journal

Vol. VII. MAY, 1914 No. 5

Original Contributions

MUCOUS COLITIS

H. V. Brown, M. D., Los Angeles

The Journal is still suffering from the attack of mucous colitis inflicted upon it last month, and wants some one to offer a cure.

With this disease, as in all others, one must not overlook the details of the individual case; in other words, he must treat the patient rather than the disease. This is one of our strong Eclectic tenets and comes closer to the scientific mark than anything else in medicine.

Since being requested to write on this subject it was my privilege to be called to a neighboring village to confer with a colleague over a troublesome case which would not yield to treatment. The history and examination revealed a case of long standing mucous colitis with the usual cycle of obstipation, followed by toxemia, fever, pain and a final outpouring of large quantities of thick, foul smelling mucus, leaving the patient in a state of weakness, bordering upon collapse. At these critical times sedatives and astringents were administered empirically, and after a time the poor victim would be able to crawl around and attend to her many duties in a home overblessed with children. This particular subject being a woman, a vaginal examination was made and a pronounced retroversion with catarrhal endometritis was found to exist. I was convinced of the importance of this finding as an etiological factor in the colitis and advised that an attempt be made to correct the same by employing proper douches, tamponing and other local and general measures. Now as to the treatment of the bowel per se, where the condition is one of chronic irritation and hypersecretion in the colon with a paresis of

the rectum, I concluded that the important desideratum was to induce a daily free evacuation of the bowels with as little irritation as possible. To this end I suggested internally one tablespoonful of albolene (or any pure hydrocarbon oil) before each meal, augmented with a bed-time enema of 4 to 6 ounces of the same oil, given high by means of a bulb rectal syringe and soft cather or colon tube, and to be retained until morning. The diet was properly regulated and other indicated remedies given and the result was exceedingly satisfactory.

THE INFECTIONS IN CHILDHOOD

H. C. Smith, M. D., Los Angeles

Read before the California State Eclectic Medical Society

A great deal of time might be taken up in the discussion of this subject and much of it profitably. The common infections with which we have to deal, the eruptive diseases, are usually handled easily by the specific medicationist and do not require any extensive discussion, but there are some points I wish to bring out.

First I wish to discuss the most infectious of all, measles, and her milder sister, German measles. They are very similar, except that German measles has a longer incubation period, shorter course, and is milder in its manifestations. These two diseases may readily be mistaken for each other early, and the eruption of German measles occasionally assumes an appearance and distribution similar to scarlet fever, but there is no very good or valid reason why one should long confound either kind of measles with scarlet fever. Measles are diseases due to some infecting agent which spends the bulk of its force on the mucous membranes, usually the nasal and conjunctival, and upon the skin. There is usually considerable irritation of the nerve endings just prior to the eruption, if the eruption is free, and decidedly marked if the eruption fails to appear promptly. The temperature, too, is of a catarrhal type, being only moderate, with the pulse rate in proportion. Von Pirquet believes that the order of development and spreading of the rash is the result of a "reaction with the measles organism or virus which takes place in the capillaries of the skin." This seems rational to me. The rash certainly differs materially from that of scarlet fever. The scarletinal rash not only differs as to points of appearance and distribution on the body surface, but especially differs in character. Scarletina, whether a streptococcic infection or not, is essentially a virulent infection of rapid onset, rapid progress, high tem-

perature, and marked prostration. Instead of exhibiting its influence in the terminal blood vessels, it attacks the epithelial tissues throughout. There are no raised areas in the skin with discreet papular spots, with anaemic areas surrounding, as in measles, but the so-called eruption is in reality a genuine inflammation of the epithelial layers of the skin. Measles is not followed by a true desquamation, although there may be some branny exfoliation due to the strictly localized death of the epithelium by interference with its nutrition through its capillary circulation. I have in mind a circumstance which tends to connect scarlet fever directly with the known streptococcic infections. During a very virulent epidemic of erysipelas three years ago, a man was attacked with that disease. Later his wife contracted the disease, but his three children came down with typical scarletina, they being the only known cases in that part of the country. Like the other streptococcic infections, scarletina has a known and well-defined point of entry into the system and that a common point of entry for streptococcic and other infections, that is: the tonsil. What are frequently classed as complications and sequellae are, as a matter of fact, merely a part of the disease. The otitis media is merely an extension of the epithelial inflammation from the tonsil, and pharynx through the eustachian tube and thence to the middle ear. The epithelium of the kidney is probably always involved, but the inflammation, like that in the skin, is usually transient and does not involve the deeper parenchyma unless the disease is markedly severe or the eruption in the skin is retarded. The temperature is always high in scarletina and this is a differential point in diagnosing it from measles, as we should be dubious as to the outcome of a case of measles in which the temperature rose to a height which would naturally be expected in a case of scarletina. Measles is normally a mild disease; scarletina, always a disease requiring skill and close attention in its care, hence the necessity for a correct diagnosis.

The newer English text books describe "The Fourth Disease," a disease supposed to partake of the characteristics of all these, more or less, yet identical with none. Whether or not this is the disease with which I have had some experience, I do not know. The cases I have seen present a fairly constant clinical picture: fever, vomiting, sore throat and rash. The fever is moderate—100-101 F.,—in children two or three years of age. The vomiting much resembles the initial vomiting of scarletina, but is more likely to persist. The sore throat is very similar to a scarletinal throat, excepting much less severe and usually accompanied by some corrhyzal symptoms. The

rash sometimes simulates that of German measles, but more often looks exactly like that of scarletina as it begins to fade. However, a rapid and free clearing out of the gastro-intestinal tract also clears the diagnosis by curing the affection.

Another infection in which sore throat is a factor, and one which we as little like to meet as scarletina, is diphtheria, and when we get a combination of the two, as sometimes happens, we have our hands full, indeed. In diphtheria we have really a double disease—a local process in the throat of considerable moment, due to the presence of the infecting agent, and a general condition of especial consequence due to the toxins of the agent. If the pseudo membrane built up in the throat is very extensive or is situated on or below the epiglottis, then we have a grave condition with which to deal to prevent immediate dissolution on the part of the patient, and at the same time have a grave general condition to combat to prevent post-diphtheritic paralysis or other results of a general toxic process. Fortunately, this general toxic process produces a languor and prostration early in the young patient, and this attracts our attention to the source of trouble.

Diphtheria may or may not be an eruptive disease, but as there is sometimes a rash, and it is a common infection of childhood, I have included it in that list.

Another infection similar in this respect is cerebro-spinal fever or acute cerebro-spinal meningitis. The appearance of a rash in a majority of the cases in the earlier epidemics gave rise to the appellation "spotted fever," but this is a misnomer, as the rash is a very uncertain sign in this disease.

Of all the infections of childhood, this is probably the worst, as the mortality is large, and when we are successful in saving life, the mental condition in many cases is such that the patients were better dead. It is a disease of the vascular system of the pia-arachnoid of both the brain and cord. Particular reference is had to that induced by the diplococcus intracellularis meningitidis.

A twin sister and also a probable precursor of cerebro-spinal fever is acute anterior polio-myelitis. This is a disease of the circulatory system of the anterior horns of the cord and the paralysis from which it derives the common name of infantile paralysis is due to the exudation into the anterior cornua. The permanent paralysis of the affected parts is due to pressure from organization of the exudate and to an obliterating end-arteritis.

Time will not permit of a more exhaustive discussion of the subject now, but other infections affecting the child and treatment of the infections of childhood may be discussed in another paper.

CARBON DIOXIDE ICE IN SKIN CANCER

A. S. Tuchler, M. D., San Francisco, Cal.

Of all the different modalities that have been used and tried in these slow, obstinate and long standing facial blemishes, there is none that will give such positive results as the application of carbon dioxide ice.

In the early stages of this affliction, two or three applications is all that will usually be required. It will require deep pressure to the sore with the iced stick for about thirty to sixty seconds once in three weeks. There will hardly be a mark left of the former epithelioma.

In the more advanced cases, those in which the destruction of tissue is quite pronounced and of some depth, a longer period of time will be necessary to accomplish the above result.

The application of the carbon dioxide stick should be from thirty to sixty seconds and made with firm, deep pressure to the lesion. Should a blister form from this application, then it is advisable to leave it alone and allow it to dry up.

Should there be any pain from the application, then cloths wrung out of hot water and applied frequently, will relieve this. The lesions, after being treated, must not be covered, and if they should be on any part of the body which is covered with clothing, then a vaccine shield should be placed over it and secured with adhesive stripes so that the clothing does not come in contact with it. If there is any discharge from the treatment, gently mopping it with absorbent cotton will suffice.

In treating lupus in this manner, the results have been found to be equally good.

Senile keratoses of the skin in the aged is usually a forerunner of an epithelioma, so that the destruction of these facial blemishes, one or two treatments of medium pressure for fifteen seconds three weeks apart, will be found an excellent prophylactic of a more serious nature in later years.

But the constitutional remedy must not be lost sight of nor overlooked in treating any of these skin lesions.

Berberis aquifolium is one of the best remedies where the skin is dry, inelastic and scaly. Fifteen drops of the specific medicine four times a day will do wonders. Rumex, in ten to thirty drop doses four times a day, where there is indolent ulceration, anemia and little disposition to respond to treatment is indicated. It will surprise everyone by its tonic effect upon the system.

Phytolacca, in ten drop doses four times a day, will be

called for when the mucous membranes are pallid, a burning pain and glandular swelling.

Echinacea will be indicated where the tongue has a dark coating and the mucous membrane inclined to redness. As a blood purifier it is unexcelled and will relieve the pain of cancer of the throat better than any opiate.

Hydrocotyle asiatica in lupus is an excellent remedy in ten drop doses of the 1x dilution every three hours. It will be indicated when the skin is thick and scaly with profuse perspiration.

When the vital forces are on the wane and the patient complains of exhaustion and weakness, strychnine sulphate in 1/30th grain doses four times a day will be a very necessary remedy throughout the entire course of treatment. The bowels must be carefully looked after. The epsom bath two or three times a week will also help to comfort the patient. One pound of this salt to the bath will suffice.

STUDENTS MUST BE VACCINATED

George B. Abbott, M. D., Los Angeles

The Appellate Court of the State of California has handed down a decision upholding the stand taken by the University of California authorities that every student registered at the institution must submit to vaccination. In other words, no child or person not vaccinated shall be admitted or received into the University of California, in accordance with the requirements of this decision, coming from a court that is supposed to be a source of high intelligence and dignified justice to the people of the state. No healthy child can lawfully be taught in this university until he shall have been diseased. "No disease, no education," is the grewsome mandate of this court. "Be diseased or grow up in ignorance," is the inscription written over the door of the University of California, in violation of right, reason and common sense. Think of it, reader! The enjoyment of health is made a penal offence by the decision of the Appellate Court in defiance of the people, who passed a law making vaccination optional with the person affected. Think of this unparalleled injustice and the wisdom of the court rendering the decision.

We need only to turn to Japan to find the most vaccinated and re-vaccinated people in the world, with the highest death rate from smallpox.

The Health Department of New York City reported: "The special prevalence of smallpox in countries where vaccination has been long and effectually practiced, and its occur-

rence in the most fatal forms in persons who gave evidence of having been well vaccinated, must lead to a re-investigation of the whole subject and of its claim as a protective agent."

Cancer was practically unknown until cow-pox vaccination began to be introduced. It is certainly about time to study out the possible connection between the two.

I have had to do with many cases of cancer, and I never saw a case of cancer in an unvaccinated person.

From the Medical Counsel, May, 1913, we read, "Within the past month we have had three patients who attributed their illness to frequently repeated vaccinations which failed to 'take.' Vaccinating three or four times in succession in the hope of a successful 'take,' as is insisted upon by some Health Boards, multiplies the possible danger by three or four."

If the health authorities demand re-vaccination (as most of the students attending the University of California are old enough to have been vaccinated once or twice before), and insist upon carrying out the instructions of the Appellate Court, they should be made personally responsible for the results.

The action of the court and the political doctors seems to be aiming a death blow to the home of the anti-vaccination law, (Berkeley) using the office of what should be the source of greatest wisdom upon these subjects to persuade the common people to believe in cowpox.

How long will the people of California stand for such laws and injustice from the courts?

THOUGHTS ON HYPODERMIC MEDICATION

J. A. Burnett, M. D., Hartshorne, Oklahoma

When a remedy is used for general systemic effect and is suitable for hypodermic use the hypodermic mode of application is the best and most perfect way it can be used. In speaking of the hypodermic use of remedies Bracken says, "Absorption takes place quickly and the effects of the drug thus administered is more prompt and more certain than that of any other means of medication." In many cases of acute and chronic disease the stomach is not in condition to use a remedy to the best advantage. Even the laity know that the stomach is often out of order in very common complaints and cannot digest the most common food. The pain and thought of inserting the needle is why many fear a hypodermic. There is not so very much pain about a hypodermic, Dr. A. E. Hertzler estimates a hypodermic about "two mosquito power." Hypodermics should be as near painless as possible. One writer

when giving the direction for injecting a vaccine says, "The skin at the point of injection should be scrubbed with soap and water and then rubbed with a five per cent carbolic solution. This disinfectant acts as a local anesthetic thus diminishing the pain of the injection." Hypodermic medication is getting more popular all the time and soon the intelligent class of the laity will know of its great value and advantage over all other modes applying certain remedies in certain conditions.

CAPITAL PUNISHMENT

W. M. Alter, M. D., England, Arkansas

I have never believed in taking human life, although death is the Divine penalty pronounced by Diety, Himself, on violators, yet I have always thought that when the state or any judicial power persecutes the criminal victim, bringing to bear all the malicious machinery of the Magna Lex Talonis it becomes criminal itself. And while it is desirable to protect the people from the evils of criminal violators any further is a manifestation of revengeful tyrany.

Imagine a court presided over by a judge who was in spirit a follower of Jesus Christ, passing sentence of death on a criminal before his bar, such a judge would not pass such a sentence. Because it is perfectly inconsistent with the spirit of our Lord and Saviour Jesus Christ. He, who, when called on to decide a point of the law by deciding in the case of the woman caught in the act of adultery showed His adherence to this glorious principle of His law, which we term the Golden Rule: "As ye would that men should do to you do even so to them likewise." For He declared: "This is the law and the prophets." Uncovering the fact, as He did in the woman's case that sinful mortals had no right to execute such a law. "Let them without sin cast the first stone."

Many good men may have presided over judicial tribunals which decide the issues of the life and death of individuals, but if they did so without some conscientious scruples on this point it was on account of being educated into the customs so as to ignore the attribute of mercy, we claim as one of the deific attributes. I have known some ministers of Christ, whom I thought were sincere, but when I learned that hunting and killing animals, including deer, afforded pleasure and sport, I felt sorry for there was an element of savagery which their nature had retained unregenerate.

No, a generation before this men might delight in such sports without being judged inhuman, because animals were often too numerous for the benefit of society, and were often

needed to increase the food supply, but now where this is demanded for sport it is barbarous and shocks the finer instincts of Christianity. So, I view judicial punishment where it extends any further than to protect others from the consequences of the criminal's acts; it is barbarous.

If our judiciary could compel medical men to sit on juries and would omit the charge usually given to decide cases involving the death penalty, there would be no death sentences pronounced by a doctor jury. No, because we know that many who commit crime inherit their criminal proclivities from their parents, and are the victims of circumstances adverse to their inherent instincts and by us might very properly be termed to some extent, degree of insanity.

It is a difficult matter to point out the exact point in the phenomenon of mental morals where sanity ends, and insanity begins. Consequently, I claim that for a doctor jury to pass sentence to hang or put to death in any crime would indicate a degree of insanity in the medical profession, which I think is not the case in this line. No doctor would advise confinement and suitable treatment in order to strengthen the mental forces in favor of a higher standard of morals. The spirit of vindictive tyranny among men in courts or in churches or neighborhoods is anti-Christian and is not conclusive to the progress of the spirit of Christ, whose advent announced: "Peace on earth and good will to men." And I am proud to think that doctors are educated that they may see the great mercy the Deity has manifested toward man through Jesus Christ, by showing that we should all be our brother's keepers.

As doctors we view criminals as unfortunate perverts whose parents have loaded them during their pre-natal biography with criminal instincts which begins to be irritated by environments as soon as they come on the stage of action. And that the only way to prevent having a class of that kind is to treat the subject with eugenic philosophy by instructing the race in this important subject, teaching it that it is through the laws governing the generations of our race, that we inherit crimogenic and pathogenic tendencies, and by beginning to treat the pre-natal citizens of our world. Through parentage we can eliminate this undesirable class, and fill their places with a race of useful men and women. When we do this we will need no expensive judiciary to frighten criminals, nor expensive medical establishments. In order to give more force to this program in carrying out this desirable policy let us try to abolish poverty. Christ said: "The poor ye have always with you," but He did not say it was a desirable condition that would never be abolished. We doctors sometimes think that there is something wrong with a social policy which makes an enormously rich and poor class.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Policlinic.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

THE PREMEDICAL YEAR

There are many sources of pleasure in this old world of ours which we rightfully may enjoy, because in so doing no one is harmed thereby. And of these the one that most appeals to us, personally, is the enjoyment of obtaining an education. In our extreme youth we were taught that "knowledge is power" and this is true provided it is applicable to the matter in hand. Some knowledge of Latin is a necessity in the study of medicine but it does not help one to find a water hole on a desert. Knowledge may be utilitarian or it may be a luxury—it all depends. Furthermore we venture to assert that if one has enough utilitarian knowledge to earn his bread and butter it is his privilege to revel in the luxury of more knowledge to carry an excess baggage, if you please. In the successful practice of medicine a certain amount of technical knowledge is a necessity and in addition thereto a professional man should have enough of the knowledge common to his people to make him, in a sense, a leader among men. It is not necessary that such information must be learned from books, but that frequently is the easiest way to get it. The study of the natural sciences having become common it is desirable that the medical

man should be informed thereon—in fact it is permissible to make it a requirement for graduation assuming that the means of easily obtaining this knowledge are also provided at the same time. We believe in a "high standard," but we do not believe in "shutting out" the poor boy who has to fight for an education.

The legislators of California in their wisdom have solved this problem. It now is possible for a California High School graduate to continue his studies right along without interruption or additional expense, and to receive full credit for the work done. The way being cleared it becomes not only desirable, but also feasible to add another year—a premedical year—to the regular four-year medical curriculum. Quite naturally the California Eclectic Medical College has adopted this course. We desire to call your attention to the official announcement by the Secretary.

PREMEDICAL COURSE OF THE CALIFORNIA ECLECTIC MEDICAL COLLEGE

The trustees of the California Eclectic Medical College announce the addition of a fifth year, premedical, to the regular curriculum, beginning September, 1914. This action is taken under the authority of the resolution passed by the Board of Medical Examiners of California at their meeting held in Sacramento, March 28th, 1914, granting to the faculty of all medical colleges which are recognized by this Board the right to institute such a course, and granting full recognition for all grades and credentials obtained in such course.

The following subjects comprise the work of the premedical year, each being of recognized college grade:

Physics.
Chemistry.
Biology.
One modern language, French, German or Spanish.
Eclectic Pharmacology and Medical Terminology.
Principles of Eclectic Medicine.

Arrangements have been completed whereby the subjects of physics, chemistry, biology and one modern language may be taken at the Junior College of the Los Angeles High School, located at Hill and California streets, within five minutes' walk of the college. This is the parent High School of Los Angeles and the Junior College courses were first offered in 1912. The present enrollment of the Junior College is 200. This college is fully accredited by the University of California in all subjects. Those who have completed the freshman year

in this college are admitted to the sophomore year of the State University without examination and those who have completed the sophomore year of this college are admitted to the junior year of the State University without examination.

The remaining subjects of the premedical course are taught at the California Eclectic Medical College.

Special attention is called to the fact that the course of study of this premedical year as outlined above meets the preliminary educational requirements of every state with the exception of Colorado, Iowa, Indiana, Kentucky, Minnesota, North Dakota and South Dakota. Those intending to practice in any of the above-mentioned seven states will be required to finish the work of the sophomore year of the Junior College of the Los Angeles High School before beginning the regular four-year medical course of the California Eclectic Medical College.

H. FORD SCUDDER, M. D., Secretary.

CLOSING THE HOSPITAL

Some years ago the Journal commented on the fact that improved medical training and the betterment of medical work as a result of county medical society organizations were having a marked effect in the increase of the small hospital. All over the state, small hospitals were formed in communities that had previously been without any place where a very sick person could be properly treated or operated upon. The local men were studying up their surgery and taking postgraduate work and becoming competent to handle all the average surgical work that came along instead of sending the patient on a long, tiresome and often dangerous journey to a center where there was a hospital and a surgeon to operate. Last year we sent letters to a number of these hospitals that had formerly advertised in the Register and Directory, and several letters like the following were received in reply:

"We have decided to discontinue our hospital owing to the eight-hour law for nurses and therefore will not take the usual advertisement in the Register and Directory."

As a result of this law, which does not seem to do anyone the slightest good and which an overwhelming majority of the student nurses themselves did not want, a number of small hospitals have closed their doors, citizens of the local community are thus deprived of the hospital advantages which they had had, a large number of women are deprived of their occupation and of the chance to be educated so as to go out into the world and earn their living in a truly womanly calling; and what good

has resulted to anyone? If someone who knows will only rise up and point out to us the slightest good that has resulted, we will be profoundly thankful. We seem to have gone mad on the subject of making laws for anybody and everybody, whether they want them or not!—Calif. State Journal.

BEDSIDE ESTIMATES

Thou shalt learn
The wisdom early to discern
True beauty in utility.

—Longfellow.

The eclectics are right—the clinical test is the best test because the truest and most dependable, the Council of Pharmacy and Chemistry to the contrary notwithstanding. The C. of P. and C. had better trust the bedside calculator more and their science less, rather than taboo some remedies they do, echinacea for instance.

It is proper to place before the physician chemical and pharmaceutical knowledge of a drug, and it is also proper to trust him to decide its therapeutic status, through clinical application and observation.

Anything that is useful has a beauty all its own, and hence is truly worth perpetuation, and the useful side of remedies can be seen as clearly by anyone, and no one more than the physician sees the necessity for leaving red tape, fuss and feathers far behind in the race for a race.

The trouble is that the colleges, pharmaceutical associations and even medical examining boards have all been drifting away from the practical in therapeutics. The clinical is being divorced from the scientific. We believe there will be a limit to this and that when the returns are all in and the pendulum has swung out a bit further, the "cat will come back," and the one in the meal will lose some of its fur. If not so, why then the doctor of the future will need to be a gruesome combination of false philosophy and mere parrot like ability to answer questions according to a stereotyped plan that is far from the practical one of reaching conclusions via the comparing of bedside notes and clinical data with the findings of the chemist to discover if the ideas of the latter will hold water.

Teachers of medicine and pharmaceutical leaders must be in sympathy with everyday professional work, in fact, be anxious to keep in touch with it if medicine is to be advanced substantially.

Apropos of this let us append this good hard horse sense from an editorial in The Clinique:

"The new system of medical education, by which the student is taught almost everything except the art of practicing medicine, is already bearing fruit in that it produces an ignoble army of highly educated medical paupers. The university schools, by virtue of their violation of natural economic laws, are turning out a class of doctors who are utterly unable to practice medicine in competition with others naturally better gifted in the art. The result is that dire poverty faces a number of technically educated physicians in whom lack of common sense and of every day gumption is an all too conspicuous feature.

"The research field instead of the medical field, is now over-crowded. The writer speaks from knowledge when he avers that good research workers, who have had years of experience, can now be hired cheaper than letter carriers or policemen.

"Yet they call this 'elevating the standard'!"—Reed, in Physicians Drug News.

THE PLACE OF THERAPEUTICS IN MEDICINE

To heal the sick and relieve the suffering has always been looked upon as the essential part of the physician's work. It is true that in modern times to this has been added the teaching of the means of preserving health, which constitutes the science of preventive medicine. But this portion of his work has always been subordinated to the other and supposedly more practical part, and has been compelled to occupy the position of a side issue, as compared with the serious business of life. Men are more willing to pay for the restoration of health than for its preservation, for the cure of disease than for its prevention; and so long as the doctor is dependent on the patronage of individuals for his support, just so long will the art of therapeutics, which is the application of remedies to the treatment of disease, continue to be regarded as the most important part of medicine.

From this point of view, the surgeon is as really a therapeutist as the physician; the different schools of medicine stand on the same footing; and the needle and the knife, the X-ray and the electric battery, hypnotism and suggestion, the galenics and the elegant products of modern pharmacy, metallic substances and coal-tar products, the alkaloids and specific medicines, and even diet and hygiene, are all equally a part of the materia medica.

There is in matters relating to therapeutics, even more than in most other departments of medicine, a very prevalent and most healthy diversity of opinions and practice. If this

were not the case, if uniformity prevailed instead of diversity, then the practice of medicine would soon degenerate into the merest matter of routine, and all that would be needed to equip one for bedside work would be a book of formularies, a box of specifics, or a manufacturing pharmacist's catalogue. The study of individual cases would no longer be needed, except to determine the name of the disease. Independent thought would be at a discount.

As illustrating the opposite results to which this diversity of opinion leads in different individuals, we note on the one hand, that already in some states the subject of therapeutics is no longer given a place in the examinations of the state board for licenses to practice, which are given regardless of any knowledge of this subject, either theoretical or practical. We also see on the part of many of the most widely known members of the profession, some of whom assume to be its leaders, a contempt for drugs, and a tendency to therapeutic nihilism.

On the other hand, there has been a very general revival of interest in therapeutics on the part of the profession at large. If any one questions this statement, let him consult a file of his favorite medical journal, and compare the stated issues of say fifteen years ago with those of the current year, with regard to the number of articles published on and the amount of space devoted to therapeutics in general, and drug therapeutics in particular, during the two periods. Fifteen years ago it was quite an unusual matter to find in any journal of the regular school an article discussing the actions and uses of any single drug, except perhaps it were a new remedy, exploited by some drug firm interested in its manufacture. Today studies of drugs new and old, from an entirely impartial standpoint, are met with on every hand, and are read with eagerness by a large and increasing number of practicing physicians.

The explanation of this anomaly is found in the point of view. The men on the firing line, represented by the general practitioner in the cities, and the country doctor in general, are compelled by the exigencies of their practice, and the necessity of success, to avail themselves of any and every means for the relief of suffering and the cure of disease, and hence are giving close attention to therapeutics, including medicinal drugs and every physical and mental force which can be made subservient to this end. On the other hand, the so-called leaders of the profession are no longer dependent for their daily bread upon their success in the treatment of the sick, and hence have turned their attention from the practical to the theoretical branches, such as etiology, pathology, and diagnosis, and have gradually lost all interest in the things which they have left

behind. It is human nature to belittle the things one does not understand. It was Oliver Wendell Holmes, the poet, anatomist, and philosopher, who made the oft-quoted and much-misunderstood remark to the effect that if all the drugs in the world were thrown into the sea, it would be all the better for mankind and the worse for the fishes. But Doctor Holmes never saw the sun rise upon the day on which he could make his living by the practice of medicine, while as a teacher of anatomy he was quite above the common run, and as a poet and philosopher he had few equals in his day. It may readily be admitted that as a literary man he did more good to the world than most of us will ever do by the practice of medicine. But he knew very little about therapeutics.

So, too, with Osler, the witty after-dinner speaker, the wise teacher of medicine, the genial good fellow, the expert pathologist and diagnostician, but the poor practitioner of the healing art. When he says that pneumonia is a self-limited disease, which can neither be aborted nor cut short by any known means at our command, but which runs its course uninfluenced in any way by medicine, he shows himself to be what he is, a knownothing in the treatment of disease. Any country doctor can tell him better. But he was simply talking from his own point of view. He spoke concerning his own knowledge. Thousands of general practitioners of all schools know better, for they can abort a considerable proportion of cases of pneumonia, or, failing in that, can favorably modify their course and termination.

After all is said and done, therapeutics occupies the center of the stage, and is more than ever in the limelight. When will our leaders lead?—J. M. F., in Journal of Therapeutics and Dietetics.

SECTS OR NO SECTS

There is certainly a subtle influence that works like a microbe working throughout the entire profession, and it is bringing about a sentiment so closely resembling in all its elements that which the eclectic teachers have always taught that we do not hesitate to recognize it as one and the same thing.

The editor of the Cincinnati Medical News, in commenting on an address made in the consideration of the University Medical School amalgamation with the new city hospital in Cincinnati, makes some very interesting statements. He says first we were told that there is no such thing as the allopathic or regular school in medicine. Some of the speakers seem to think

there are no such things as homeopathic or eclectic schools, but that we are all just physicians. The editor says there are schools in medicine.

Notwithstanding, a speaker claimed that in the University Medical School any professor is free to teach any system of therapeutics he may care to teach. This is true—that is, if the system is not the homeopathic or eclectic system. It would be curious to see what would happen if any professor would hint at merit in these schools.

The editor says that the homeopathic is less sectarian than the dominant school because they define a physician of their school as one who adds to his knowledge of general medicine the knowledge of homeopathic therapeutics.

Because a physician takes an especial interest in electrotherapeutics, he is not given the opprobrious epithet of electrotherapeutist as a distinct sect.

As there are schools of thought in all branches of science, so there may be schools of thought in medicine. "Do these gentlemen think that a school or schools of medicine that have had so long and honorable a career as the homeopathic and eclectic schools, and have numbered among their adherents so many conscientious and scientific physicians in the United States at least, rest wholly upon myth, fancy, mysticism, ungrounded dogma and clinical fallacy? If they do, and continue to take this attitude, they are making a very grave and serious mistake. The editor says:

"It is a significant fact that notwithstanding the tremendous decrease in the medical registration that has taken place in this country during the past ten years, the homeopathic and eclectic schools have not suffered a decrease in any degree relative to that suffered by the medical colleges of the dominant school.

"It is not due alone to the fact that the standards of the University Medical School may be somewhat more rigid than those of the eclectic school of this city, that the latter has almost twice as many students as the former. It is due to the fact that there is more academic freedom within the walls of the eclectic school than there is within the walls of the University Medical School.

"Sects in medicine are indeed unfortunate, but it should be noted that no sect ever became a sect of its own accord, but only became sectarian in so far as it is excluded from the dominant school. This was clearly the history of the early days of homeopathy, which indeed secured the vast majority of its disciples from the ranks of the general medical profession."—Ed. Ellingwood's Therapeutist.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Indianapolis, Ind., June 16, 17, 18, 1914, Dr. W. S. Glenn, State College, Pennsylvania, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May 26, 27, 28, 1914, Judson Liftchild, Ukiah, Cal., President; H. F. Scudder, M. D., Indianapolis, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 5, 1914, Clinton Roath, M. D., Los Angeles, President; H. C. Smith, M. D., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. H. T. Cox, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY

The regular meeting of the Los Angeles County Eclectic Medical Society was held on Tuesday, April 7th, at 8 o'clock at the College.

The minutes of the previous meeting were read and approved.

Dr. Barbrick gave an interesting talk on the "Etiology and Diagnosis of Typhoid Fever." Dr. H. C. Smith and Dr. H. V. Brown spoke on "Complications and Sequelae of Typhoid Fever." Dr. Roath spoke on "Medical Treatment," and Dr. B. E. Fullmer on "Diet and Hydrotherapy." Dr. O. C. Welbourn on "Surgical Treatment." Afterwards there was a lengthy discussion covering the whole subject.

Meeting adjourned until May 5th.

H. C. COX, President.

P. M. WELBOURN, Secretary.

ANNOUNCEMENT

THE THIRTY-FIFTH ANNUAL COMMENCEMENT OF THE CALIFORNIA ECLECTIC MEDICAL COLLEGE WILL BE HELD ON WEDNESDAY EVENING, JUNE 3, 1914, AT BLANCHARD HALL, 233 SOUTH BROADWAY, LOS ANGELES.

SOUTHERN CALIFORNIA ECLECTIC MEDICAL SOCIETY

The eighteenth annual meeting, Southern California Eclectic Medical Association, Tuesday, May 5, 1914, 10 o'clock a. m. and 2 o'clock p. m., California Eclectic Medical College, 337½ South Hill street, Los Angeles.

Officers

President ..... Dr. Clinton Roath
Vice-President ..... Dr. Wm. C. Bailey
Treasurer ..... Dr. J. A. Munk
Secretary ..... Dr. H. C. Smith

Program

President's Address ..... Pres. Clinton Roath
The County Society ..... Pres. H. T. Cox
The State and National Societies ..... Dr. H. Ford Scudder
State Board Affairs ..... Dr. H. V. Brown
Discussed by ..... Dr. H. Ford Scudder
Our College ..... Dean Munk
Our Journal ..... Dr. P. M. Welbourn
Banquet, 12:30 p. m. sharp at the Delmonico.
Diphtheria ..... Dr. A. P. Baird
Discussion led by ..... Dr. L. A. Perce
Diseases of the Eye ..... Dr. J. C. Solomon
Discussion led by ..... Dr. J. Fraser Barbrick
Menstruation after Ovarectomy ..... Dr. O. C. Welbourn
Discussion led by ..... Dr. A. O. Conrad
Surgery of the Bones and Joints ..... Dr. T. C. Young
Discussion led by ..... Dr. B. Roswell Hubbard
Specific Medication ..... Dr. J. F. Willard
Discussion led by ..... Dr. H. C. Smith
Remarks on Dietetics ..... Dr. Q. A. R. Holton
Discussion led by ..... Dr. Oran Newton

I sincerely hope that every Eclectic in Southern California will make a special effort to attend this meeting, as matters of great importance to the Eclectics of the West are to be considered at this time.

DR. H. C. SMITH, Secretary.

ALUMNI NOTICE

We are to have a little banquet Wednesday evening, May 27, at 6 o'clock, during the next meeting of our State Society, and I take this opportunity of notifying each one who may not have received any other notice.

This banquet will be furnished at a nominal price and I want each and every one to be present and to respond to his toast.

It will not be exclusively for the members of the Alumni, but a wide-open door to any doctor, his friend or any one who may wish to attend, the only requisite being the small fee required.

And I take this opportunity of saying we would like to have with us on that occasion especially the members of the faculty and their wives and such other persons as are friendly to our cause.

I would be glad if each one who can attend would tell me a day or two in advance, that suitable preparations can be made.

Come and we assure you a royal, good time.

As children of our Alma Mater, let us assemble 'round the festal board, cast care to the wind and make it a happy, joyous event.

"Home again, home again
From a foreign shore,
And, oh, it fills my soul with joy
To meet my friends once more.
Here I dropped the parting tear
To cross the ocean's foam,
But now I'm once again with those
Who kindly greet me home."

J. T. FARRAR, President.

Banquet of the Alumni of the California Eclectic Medical College, Wednesday, May 27th, 1914, at 6 p. m., San Francisco, Cal.:

"Echoes From the San Joaquin," Dr. Florence V. Cheney.
"Is Santa Barbara God's Country," Dr. Benjamin Childs.
"Always on the Job," Dr. Albert J. Atkins.
"The Sunny South," Dr. Alex. P. Baird.
"What I Saw in Europe," Dr. J. Fraser Barbrick.
"Our Canal—What It Means for Us," Dr. John Ball.
"Our Mountain Retreat," Dr. Lucien A. Bauter.
"On the Columbia," Dr. J. Albert Born.
"The Snows of the Sierras," Dr. George Waldo Bryant.
"Faith in Our Alumni," Dr. Annie L. Bond Hughes.
"How to Be a Busy Doctor," Dr. Andrew O. Conrad.
"A Doctor of Some Weight," Dr. Wm. Martin Forster.
"1915," Dr. Hugo Foss.
"The Bills We Do Not Collect," Dr. J. W. Hammond.
"Not the Big Stick, But the Big Pine," Dr. George W. Harvey.
"What Eye Hath Not Seen," Dr. H. W. Hunsaker.
"How It Feels to Be President," Dr. Judson Liftchild.
"The Class of 1891," Dr. W. M. Mason.

"The Sage Brush State—How It Assimilates the Eclectic," Dr. John Perry Martin.

"United We Stand, Divided We Fall," Dr. J. B. Mitchell.

"A Quarter of a Century an Eclectic—Does It Pay?" Dr. Carl L. Murray.

"Our Home by the Sea," Dr. Oran Newton.

"The Big Pill, the Little Pill, or—," Dr. E. A. Ormsby.

"Our College," Dr. Rosa Munda Sinclair.

"Echoes from Oregon," Dr. Albert G. Smith.

"The Man in the Aeroplane—What Will He See in California 20 Years Hence?" Dr. H. C. Smith.

"Sincerity and Persistence in What We Believe and Practice," Dr. James Stark.

"Lady Physicians," Dr. A. Florence Temple.

"Is the Practice of Medicine Empiricism?" Dr. A. S. Tuchler.

"With Whom Shall We Consult?" Dr. Lewis B. Weatherbee.

"The National," Dr. O. C. Welbourn.

"The Hospital," Dr. Ira H. Wheeler.

"Anticipation and Retrospection," Dr. Wm. A. Harvey.

"Why I Love My Alma Mater," Dr. Chas. N. Miller.

"The Flavor of the Orange," Dr. Clinton Roath.

"Are We to Be or Not to Be?—That's the Question," Dr. H. J. Whitney.

Officers

Dr. J. T. Farrar, president.
Dr. Wm. A. Harvey, vice-president.
Dr. Albert J. Atkins, vice-president.
Dr. John B. Mitchell, vice-president.
Dr. Carl L. Murray, vice-president.
Dr. Ira H. Wheeler, vice-president.
Dr. John P. Martin, vice-president.
Dr. Oran Newton, vice-president.
Dr. Andrew O. Conrad, vice-president.
Dr. Alex. P. Baird, vice-president.
Dr. Hugo Foss, vice-president.
Dr. H. C. Smith, secretary-treasurer.

Censors

Dr. Charles N. Miller.
Dr. Wm. M. Forster.
Dr. Clinton Roath.

Executive Committee

Dr. J. Fraser Barbrick.
Dr. A. Florence Temple.
Ex-officio the president and secretary-treasurer.

COLLEGE NOTES

Herbert T. Cox, M. D.

Thursday, April 9th, Prof. De Angelis took the Freshmen and Sophomore classes in tow for an instructive outing. First thing on the program was a visit to the Museum at Exposition Park, where the class in Osteology had some practical demonstrations in Comparative Osteology and Anatomy. The afternoon was thus profitably spent and in the evening, to fittingly round off the day, the party enjoyed seeing scenes in different countries by the moving picture route at Shrine Auditorium. The change was very much enjoyed by all and every one returned to work next day with pleasant memories of the day before and declaring Dr. De Angelis a first-class sight-seeing guide.

Have you seen the latest in spring fashions? If you have not seen enough of them, just step into the Senior class room at the college and notice the new design of wall paper which adorns the walls. Here you will behold the most graceful patterns modeled after the natural curves of Dame Nature herself. You will see everything from the simple epithelial cell to the complex uriniferous tubule standing out in bold colors before you. This decoration is the handiwork of Dr. J. M. Cleaver, and is intended to impress said images upon the minds of the prospective State Board Candidates, so that they would be able to recognize them in the middle of the Atlantic ocean if they found them floating in the drift.

Dr. A. Goff, graduate of C. E. M. C. class 1913, paid the college a short visit. The doctor is on her way from Loma Linda (where she took some special work) to the north of California, where she has accepted a position in a sanatorium.

Professor in Minor Surgery: "What strength solution would you use in this case?"

Student (waking up): "Full strength or stronger."

The Chemistry Department has just received a new set of Analytical Balances from Germany through Braun & Co. These are certainly very nice. The Obstetrical Department has also received a new manikin and doll, which is very substantial and practical. The new automatic microtome and freezing apparatus in the Pathological Laboratory is seeing steady service these days, as Prof. Young is keeping the Juniors busy mounting their specimens.

The Seniors have organized a quiz class and are spending all the odd hours profitably reviewing their State Board subjects.

NEWS ITEMS

For Sale: Betz body hot-air apparatus in first-class condition. Will sell for less than half price.

Wanted: To exchange a sixteen-plate static machine with motor, X-ray attachments, etc., for a coil.

Wanted: Assistantship or Locum Tenens to a busy physician or surgeon, one with hospital practice preferred. Just returned from post-graduate course in Europe.

Dr. J. Park Dougall has returned from post-graduate study in Great Britain and Europe and has changed his office to 915 Broadway-Central Building, 424 South Broadway, Los Angeles.

For Sale: An Apperson Roadster Model 1912 in good condition; will sell at a bargain.

A GALA WEEK

The annual meeting of the Alumni Association of the Eclectic Medical College will be held in the College auditorium, at 2 p. m., Monday, May 11th.

The commencement exercises will be held in Memorial Hall, Elm and Grand streets, Monday evening, followed by a reception to the graduates and visitors.

The golden anniversary meeting of the Ohio Society convenes for a three days' session, Tuesday, at 10 a. m., at the Grand Hotel, Fourth and Central avenue.

A large attendance at all these events is anticipated.

SURGICAL SUGGESTIONS

Fracture by slight or indirect violence suggests the possibility of some disease of the bone; so does non-union.

The absence of displacement in a fracture of the olecranon gives no promise of immunity from impaired function; callus formation may interfere with the joint action.

Subperiosteal fracture of the patella is an occasional cause of persistent pain and stiffness in the knee. It is one of the various things that may be discovered upon radiographic examination in cases of obscure joint disability.

If a cursory examination of a radiograph shows no fracture, in a case where clinical signs indicate its presence, look carefully within the bone shadow for the evidence of a fissuring or subperiosteal break.

Ultra-rigid asepsis and minimization of manipulation are the first great essentials in the open treatment of fractures. If these cannot be provided by the environment of the surgeon and by his experience, don't operate.

Mary's Little Calf

Mary had a little calf,
But it was white as snow,
She wore her skirt slashed up the side,
And that is how I know.

Professional Opinion

"Look how low the sun is, doctor?"
"Yes, I don't believe he'll last through the night."

No Vacation

"Doctor, why don't you take a vacation?"
"I can't now; my patients need me. They are beginning to come back from their vacations."

Exercise

Gabe—"The doctor has ordered Smithers to take more exercise."
Steve—"What's he going to do?"
Gabe—"He has decided to roll his own cigarettes."

Of Course

"Why, Jimmy, Jimmy! Have you forgotten your pencils again? What would you think of a soldier going to war without a gun?"
Jimmy: "I'd think he was an officer."

What It Was For

Patient—"But, doctor, you are not asking $5 for merely taking a cinder out of my eye?"
Specialist—"No. My charge is for removing a foreign substance from the cornea."

Vouched For

While a Denver physician was inspecting the insane hospital at Pueblo an inmate approached him and asked: "I beg your pardon, sir, but have you a piece of toast?" "No," replied the doctor in surprise, "but I can get you a piece if you want it badly." "Oh, I wish you would. I'm a poached egg and I want to sit down."

Poor Soil

"Is the soil about this part of the country pretty good?" asked the summer boarder.
"Well, it ain't good enough to raise a mortgage on," replied the farmer as he opened a case of canned corn.

The California Eclectic Medical Journal

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Original Contributions

SURGERY OF BONES AND JOINTS

Dr. T. C. Young, Los Angeles

Read before the Southern California Eclectic Medical Association.

There is no subject in medicine of more widespread interest than the subject of fracture. Nearly every practitioner is called upon at some time to treat these conditions and then he realizes the great responsibility which he carries. Many of us have felt the lack of that security and ability to deal with fractures which we feel we possess in other lines of our work; and if ever we long intensely for our eyes in our finger tips it is when diagnosticating and treating fracture. It is not strange, then, that a revival of interest in the subject should be periodical, or that some new method for the treatment of this condition should be productive of much literature and spirited discussion.

One has to but glance at the medical journals of today to realize the interest taken by the medical profession in the open treatment of fracture. The reason for this interest has developed from several causes.

The advancement made in X-ray work, having shown us our errors in reducing and treating fracture with such positive evidence that no grounds for argument are left. It also shows that nature comes to the physician's rescue often in bone work, as in all other lines of medicine, and that her efforts at rounding off angles, strengthening weak areas and readjusting the skeleton are necessarily slow but exceedingly efficient. There is a feeling among physicians that the open treatment of fracture has not made the same rapid advance as have other lines

of aseptic surgery. The splendid work of Lane of London, England, demonstrates the value of common steel plate and screw in the repair of fracture and his belief that all fractures should be treated by the open method have been potent factors in stimulating interest in the subject.

In my opinion many fractures can be reduced and held in position by common means, as, for instance, Potts' colles fracture, in fact all fractures that occur near joints in the cancelous bone. In this case an open operation is wholly uncalled for, but in fracture of a long bone where there is a strong muscle pull and great leverage, as the tibia, humerus and femur, where the bones are composed of compact bone and have a break in the fleshy region, with a tendency to overlapping or a piece of facia or muscle intervening between fragments, here open operation is surely advisable.

The success in the treatment of fractures depends, first, on diagnosis, particularly by the aid of the X-ray. At least two schiographic plates should be made, at an angle of 90 degrees of each other, then accurate measurements taken. This being done the surgeon can feel a considerable satisfaction in having a good idea of the position of the fragments. Second, asepsis. Ordinary surgical asepsis is not sufficient for bone surgery. Every tissue must be handled with forceps and not by the gloved hand. No sponge should be applied to the wound the second time. The skin surface should be protected by folded gauze or towels saturated with a normal salt solution and the closure of the wound should be made by means of the small skin clips, to prevent gaping, thereby preventing infective germs entering. After considering diagnosis and asepsis we must next consider the general condition of the patient as well as his general habits, etc. Alcohol in particular has a very disagreeable influence on bone surgery, in that it renders the bones thin and fragile and is obnoxious to the healing of the soft parts. Next we must arrive at a conclusion where and where not to cut, and what to do after we get the bone exposed.

In the region of the fracture a sufficiently large incision should be made so as to handle the condition with as little trouble as possible. Now, if a piece of tissue intervenes this must be removed and if it is possible to hold the fragments in position, fix it in the best possible position, bandage it lightly so there will be no pressure around the region of callous and union will be perfect. If it is a commanuted compound or badly dislocated fragment the only procedure is to apply a Lane plate with a long shank so the screws will be

considerable distance from the fracture and union will be much more certain. On applying the steel plate never remove the periosteum but apply the plate tightly to it, and be sure to cover the plate in with muscle or fascia. If you have only the skin for covering, make your incision to one side of the region where the plate will remain. This will usually prevent considerable sloughing. In comminuted fractures it is often necessary to apply plates with a lateral T-shape projection to catch the fragments that are allowed to remain. In this case it reduces the possibility of sloughing and shortening and allows more speedy recovery.

After all this has been done with the most care, non-union may occur, particularly in the tibia, femur and humerus, due to actual absence of osteogenesis of the bone. Dr. Murphy of Chicago says, "If a plate is applied six weeks and you have no union, transplantation is the next procedure."

Considering bone grafting, it was surely an act of Providence that the human being was created with such a useful bone as the tibia, it having such an anitomical shape that it is possible for the surgeon to remove a section of compact bone measuring one-half by one-half by eight inches long without harming the bone materially. This graft may be used in any part of the bony structure of the body. The technique of bone grafting must be handled by skilled hands. Every surgeon who can remove an appendix cannot graft a bone. The surgeon who does bone grafting must be mechanical, have a complete understanding of asepsis and be speedy, for the wound must not be exposed too long. Considering the graft and the role it plays in the uniting of fractures, we are not able at the present time to say as to the exact conditions that prevail. We do know that it holds the fragments in direct line of the axis of weight bearing and produces a great amount of fixation of the fragments from four to six weeks. The theory that is pretty well established is that it conducts osteogenesis. This is proven by the fact that if bone from an animal be applied a very low percentage of grafts grow and they only act as a mechanical stimulant. Only a small percentage of homografts survive, while in bone work one hundred per cent of auto-grafts survive. Tuffier's work on the ovary, which I like to cite because it exactly corresponds with our experience with bone, shows that when he took an ovary and transplanted it in the same individual a large percentage of the ovaries lived when he took an ovary from one woman and put it on the rectus muscle of another only a small percentage lived, when he took it from a white woman and planted it in a

black woman they all perished. This shows that the mere color or family plays an important role in transplantation.

After open operation of any kind it is well to dress the extremity in a light plaster of paris bandage, splitting it as soon as dry (by applying the cast over a Gigli saw). This will allow swelling to occur and release the pressure.

Diseases of the joints are usually much more neglected than other disorders of the bone or soft tissues. This is probably due to error in diagnosis. I am speaking particularly of the disorders of the knee joint, many of which are diagnosed as internal disorders of the joint and let go at that. Internal disorders of the joint may be one of several diseases. Many times they are considered as rheumatic arthritis or tuberculous, which is often far from being correct. In considering diseases of the joints and their treatment we must think of two surgical means. First, by orthopedic or mechanical means; second, by open operative methods accompanied with orthopedic appliances. For several years past we always associated an incision into the joint with a stiff joint, but in modern surgery this is quite well done away with. The fact is that in many open operations the joints are stiff simply because of the ease by which a joint can be infected and its lack of resistance against tromma. The likelihood of adhesions following these conditions may all or nearly all be obliterated by the skilled handling of tissues by the operator. I wish to speak in particular of the preparations of a surgical joint. One method which is used by several good operators, such as Lane of London, Murphy of Chicago and Jones of Liverpool, is the injection method. This is done by injecting 2 c. c. of a two-per cent solution of formalin in glycerine (which has stood twenty-four hours) into the joint from seven to ten days before the operation. This produces an inflammation and cofferdams the lymphatic drainage of the joint and thereby proves the fact that a sore joint is hard to infect. The next step in preparation is to clean the skin several successive days before operation if possible. Remove all the scaly dry skin that accumulates around the joints. Allow the skin to dry perfectly before the iodine preparations are applied. The proper technique is very necessary. All instruments should be handled with forceps, sponges applied only once, no forceps should crush any part of the synovial membrane (if so adhesions are sure to form), all bleeding vessels should be crushed and twisted and no ligature applied if it can be avoided, for any foreign body in a joint or around it will further the possibility of adhesions. In closing the wound, evert the edges of the

synovial membrane, apply plain iodized gut in the capsule and synovia and use skin clips if possible. Seal the wound with collodion, apply a light plaster of paris splint, which must be opened at the particular joint operated to allow dressing, then apply traction sufficient to overcome the muscular contraction around the joint. Allow the splint to remain from two to six weeks, depending on the case, then remove it, use manipulation and gradually allow the joint to function. Ordinarily in a reasonable length of time joint function will be perfect, but unless extreme care of technique be taken a stiff, partly functionating joint may be the result.

EPITHELIOMA OF THE TONGUE

E. Mather, M. D., Detroit, Mich.

The subject is timely because of the prevalence and extreme malignancy of this very particular type of cancer. Every day statistics show cancer to be on the increase in both pregnancy and mortality not only in the United States but in Europe.

Scientific medical men in the laboratories have given and are giving us today much interesting data and food for thought in the study of cancer. Still, there is an extreme dearth of information concerning the actual conditions existing in the patient.

Now until the medical practitioner and the dermatologist collect, classify and compare their actual medical experience gained from practice and practical experimentation on human subjects, we will be waiting as we are and have been for years for a specific, while there are thousands about us affected, stretching out their hands to us in prayer for help. Now here we must couple the experimental laboratory findings to the actual practical findings of our offices and hospitals.

When we consider any particular kind or location of malignant growth it is necessary to consider malignancies in general, yes we must consider the "malignant condition" of the patient which permits the development of the cancer. The Medical World of November, 1913, "Dr. Hayes Agnew removed thousands of cancers, but the patients, as far as traced, all ultimately died. Dr. Robert Bell of London said that in an experience of seventeen years he had never seen a case of removal of summary cancer in which recurrence had not ultimately taken place, and therefore he was opposed to all operative measures. Prof. Martin believed that cases of malignant

growth resembling acute inflammatory conditions are hopeless from the beginning, and are unamenable to operation."

It's alarming, the deaths from it being over 7,000 in New York State in 1097, and over 8,000 in 1910. It is said in two counties in Kansas nearly every neighborhood had its victims.

It is a disease peculiar to civilization. Savages are said not to know it. How many strictly Jewish women do we find with the disease? Very few. Now the extreme malignancy of epithelioma of the tongue is peculiar. Wounds and ulcerations heal quickly, yet all know of the terribly rapid invasion of this organ. Its very soft vascular structures and supply of proxinate lymphatics prove favorable for cellular invasion and metastasis.

We have to consider its inaccessibility for treatment for it is a factor the disturbance of the mastreatory function and the ever present mental picture and every extreme worry caused thereby enter into its fatality now the inability to get at the bottom of the matter and cope with the growth and the conditions permitting it. Seems to me very extreme, the vital force of the affected patient is at low ebb, and the reactive power seems entirely spent, the tumor gains ground by extension and metastasis, and here we find the patient, family and friends are helping all these adverse conditions by their infernal suggestions.

Take the person with epithelioma of the tongue and he is slighted by medical men, buffeted by the electro therapeutist and advised to go from place to place, finely he comes back to the family doctor for morphine or cocaine, and a death certificate. In all he has lost a chance by running around and not seeking proper medical treatment at the first, for the patient permits "that growth" to eclipse all other considerations.

It's no doubt true that the dermatologist, the logical man for this work, has but very few cancer cases of the tongue referred to him. I hold that he who essays to treat skin diseases must be most thoroughly prepared in the practice and more so when applied to malignant skin troubles. He must have a keen insight into the conditions and causes behind and beneath the surface. He must also be able to recognize and treat the hundred and one complicatious affections. He must be big enough to except and employ every agency at his command, regardless of its origin or source. He must be bold enough to take on the new and wise enough to hold on the old. In taking these cases, he must always employ every remedy known to medical science of that intangible "vital resistance" which, when present, means success, when absent means failure.

Now the ability of the patient and our ability to assist him to "come back" is to my mind the greatest achievement, for most any medical can use the scalpel and scissors, apply escharotics or make hypodermic injections; but the one medical man who can appeal the hidden vital reactive powers is the one. I have found the following very valuable to the epithelioma of the tongue, an addition to the measures for the general care: Potassium iodide, Fowler's solution and quinine, sulphate, nuclein, poke berry, conium, echinacea, etc.

Local applications: Thuga, chromic acid, zinc chloride 50 per cent, poke berry.

Fluid: Calendula flowers aqueous, iodine, conium, chromium acid, monochlorocetic acid, etc.

The homeopathic treatment for cancer in general: (1) Arsenic belladonna, carbonate of ammonia, conium graphites, hydratis creosote. (2) Aurum clematis, magnesium, muriaticum, mercurous salicylate, nitric acid, sulphur, staphesagria. (3) Apis, calcium chloride, cocculus, lachesis, murex, phosphorus, phytolacca, rhus toxicodendron, thuga.

These forms of ulceration never exist alone, and the ulceration cannot be made to heal permanently until the general health is more or less completely restored. Non-malignant ulcerations may heal spontaneously—that is, on the recovery of the general health and on the subsidence of the provoking cause or causes of the ulceration, but where the general health is neglected or grows worse the ulcerations are left to themselves or aggravated by improper treatment they may continue to spread and become so extensive as to destroy life, indirectly, by undermining the constitution.

I have safely treated such cases by these remedies, with application of caustics, either liquid or solid. Hygienic and dietetic measures are of great importance here as in other diseases, nourishing food should be given freely, but all stimulating food or drink should be avoided. The disorder of digestion should be cared for. Plenty of fresh air and sunlight should be insisted upon for the patient and at the same time in very moderate degree of exercise allowed where not contraindicated. The different forms of cancer have been by some supposed to represent merely the different stages of the disease, its different states of development.

A CONSIDERATION OF THE RELATIVE DANGER AND SAFETY OF THE DRY HOT AIR TREATMENT

J. A. Burnett, M. D., Hartshorne, Okla.

There is but little use for an article on this subject as all that know anything about the dry hot air treatment know it is practically safe. We will see what a few writers say on the subject which will be sufficient evidence to convince the most skeptical. In an article on dry hot air treatment Dr. Block says, "I wish to remark that the heat in spite of the high temperature caused no discomfort in any instance which proves that dry heat can be borne by the skin where moist heat would destroy." In an article on "Thermo-Therapy," Dr. H. J. Chapman says, "There is very little danger in its application, in fact none outside a few slight burns that heal in a few days without the slightest attention being necessary paid to them nothing further being required than to keep dirt and filth away from them." In speaking of the dry hot air treatment Dr. R. M. Sterrett says, "This lack of knowledge of so valuable a remedial measure is truly unfortunate because when applied with the proper technique and skill in scientifically constructed apparatus it is one of the most powerful, agreeable and certain remedies at the command of the physician and can be used with absolute safety in many diseased conditions wherein the ordinary methods have been found wanting." Please notice that Dr. Sterrett says, "most powerful, agreeable and certain remedies," and, further, "and can be used with absolute safety," etc. Again Dr. Sterrett says, "In considering the high temperature used patients can conclude there is danger attached to this form of treatment, but there be no cause for any fear, the reason is that absolutely dry heat can be borne safely and with comfort at high degrees, while moist heat would scald and blister at low degrees and moreover dry air at exalted temperatures being more intense accomplishes vastly more than ordinary vapor, steam, Turkish or Russian baths or even the Hot Springs." In speaking of dry hot air treatment a certain writer says, "It is one of the safest for no matter if the treatment be extended over weeks or months it never produces the constitutional disturbances which are so apt to occur when powerful drugs are given." Sprague says, "Dry hot air as produced by the Sprague apparatus is mildly stimulating to the whole system and is a positive and immediate relief to labored heart action. The weakest heart is not unfavorably affected by it, while in nearly every case it received great

relief. We are aware that an erroneous notion on this point exists even among physicians, but we make this statement with an experience of nearly five thousand cases and do not wish to have its effects confounded with other forms of using heat from which the moisture is not extracted. This error originated with those who have gained their knowledge of the effects of heat on the system from Turkish and the various hot water baths and it would be surprising if it were not erroneous. The therapeutic action of heat so produced is as different from the effects of well circulated perfectly dry heat as any two effects can well be." Dr. Bessie Efner-Fell says, "The results obtained from both local and general applications of moist heat is well known, such methods are used by all physicians, but dry heat as furnished by the dry hot air apparatus though not as yet generally used will in time do away with the former method of applying heat to the body on account of its ease of application and supplying more intense heat." The dry heat can be applicated to surfaces of the body as high as 500 degrees F. with no discomfort to the patient and in fact a sense of comfort is experienced. I have frequently seen patients sleep during local treatment with the heat more than 150 degrees above boiling point. Heat is one of the oldest therapeutic agents known to the medical profession. It has been used by all kinds of physicians and the general public for all ages. A therapeutic agent that will stand such a test of time by all certainly has a solid foundation. In order to use the high degrees of heat an apparatus made for the purpose which is only of comparative recent origin must be had. With this apparatus this form of treatment is placed on scientific basis. The hot water bag, hot brick, bran poultice, hot ashes, etc., which are some of the old ways of applying heat, have about the same comparison as to value or results as the old ox cart could be compared to an automobile. According to my views the dry hot air apparatus almost if not entirely supplants hydrotherapy as far as curative results are concerned. There is nothing peculiar, mysterious or complicated about the hot air treatments and there is no more danger in the treatments with a hot air apparatus than by using heat by any other means, the only harm that could result would be if either one was used careless the patient may get a small burn. The hot air apparatus is no complicated machinery as an X-ray, etc., but is a simple apparatus made to apply heat in a scientific manner. So all physicians who have a fear of the hot air apparatus should have such fears removed by just a little "horse sense" and reason on this subject. The hot air appar-

atus is of special value for those who wish to devote all or most of their time to office practice and chronic diseases.

Dr. F. M. Leonard says, "A complete hot air outfit is essential to a physician's armamentarium, especially one who wishes to treat chronic diseases." In speaking of the dry hot air treatment, Dr. J. G. Bradnax says, "In my experience with it in chronic cases it gives relief and freedom from pain that no other remedy I have ever seen will do and there is no objection to its use."

I have studied the subject of dry hot air treatment for a long time and have contributed several articles on it. I will mention a few of them as follows: "Dry Heat Therapy." November, 1906, Wiseonsin Medical Record, "Thermo Therapy." July, 1907, California Medical Journal, " Dry Superheated Air Therapy." December, 1912, Medical Progress, "Comparative Virtues of Sweat Boxes." April, 1913, American Journal of Clinical Medicine, "Therapy of Superheated Dry Air." August, 1913, Journal of Therapeutics and Dietetics, and "Therapy of Dry Hot Air," Virginia Medical Semi-Monthly, September 12, 1913. The above six articles cover the subject very well.

FURTHER OBSERVATIONS ON PRURITUS ANI: ITS PROBABLE ETIOLOGIC FACTOR; RESULTS OF TREATMENT

Dwight H. Murray, M. D., of Syracuse, N. Y.

Read before The American Proctological Society

Dr. Murray's paper, which is a continuation of his investigations on the etiology and treatment of pruritus ani, gave some new points which he had observed during the past year, and his additional experience in the treatment of patients. He found no reason for materially modifying his former reports, but has gathered data which helped to prove the correctness of his previous work. He found streptococcic infection in three cases of pruritus ani and vulvae, and in four cases of pruritus that had involved the scrotum as well as the anus. These complicated cases improved, with the exception of two vulva cases, by the use of the vaccine treatment.

During the past year Dr. Murray has increased his former series of thirty-two cases by twenty-five additional cases, in five of which streptococcic infection was not found. These cases showed other infections, which still further proves the

cocigenous nature of pruritus ani, and also demonstrates that other bacteria than streptococci may bear a causal relationship, as was hinted in his first paper on this subject.

His cases, so far as he has been able to determine, have not been affected by diet. Since Dr. Murray discovered the infection in pruritus ani he has never interfered with the food of any patient; neither has he restricted them in the smoking or drinking habits. The improvement under the vaccine treatment, without regard to eating, drinking, or smoking, gives him additional proof for the bacterial theory.

During the past year he has carefully investigated as to whether or not the itching extends into the anal canal beyond Hilton's white line, with the result that only in one instance did it extend beyond that point, and then only for a short distance.

His investigations of the past year have given him additional proof that pruritus ani is not caused by any local lesion within the anal canal, and that when such lesions exist with pruritus ani they are coincidental.

In the cases that have been operated for local lesions the pruritus ani has not been permanently improved as a result of the operative procedure.

He said that rectal and general surgeons have observed many cases of fistulae with discharges upon the anal skin, without pruritus ani being present. The same is true of hemorrhoids, constipation, and other rectal lesions, pruritus ani occurring in only a small proportion of such cases. He, therefore, still holds that when pruritus ani exists in connection with other lesions that it is a coincidence. In his 1912 report he gave a summary of nine hundred consecutive rectal cases wherein this fact was established fairly well.

He referred to the opsonic index, or more properly the co-efficient of extinction of opsonins, and claimed that much valuable information was to be gained by this test.

His work shows that if a complicating infection exists, and other bacteria than streptococci are found to be the sole invading organisms, we must use the corresponding autogenous vaccine. The opsonic index, following a bacterial diagnosis, is the proper method for determining this.

The results of treatment and the history of patients prove to him that if pruritus ani exists with local lesions which demand operation, that the prognosis depends upon whether a skin infection is present or not. If the skin infection is present the local lesions may be cured by the operation, but the

patient should not be led to believe that the pruritus ani will also be cured by it. Per contra, if a skin infection does not exist with a local lesion and itching, the prognosis may be that the itching will very likely cease with the cure of the local lesion.

After personal investigation in treating, watching results, noting how cause, effect and results dovetail together, comparing these investigations with statements and theories made in text books, and in articles appearing from time to time in medical journals, and containing no definite pathology or scientific reasons for cause and effect, Murray cannot understand how the profession will uphold such theories, rather than the bacterial theory, which has been so well proven in his own cases and confirmed by other observers.

The uniformity of the bacteriologic findings is a strong support for the bacterial theory of the etiology of pruritus ani. The chronicity of all the cases, the uniform symptoms, the similar conditions of the skin, the locality, the regularity as to the time of attacks, the uniformity of itching outside of Hilton's white line, the uniform blood findings as to the coefficient of extinction of opsonins, and the fact that all local applications which have given beneficial results in the past have contained a strong germicide, all point directly to a common cause. Further confirmation is found in the uniformly good results of treatment with autogenous vaccine of the variety of bacteria, against which the patient has a low phagocytic power, and in the lack of good results by the various haphazard methods of treatment in general vogue.

His reference to fissures in previous papers having been misunderstood by some, he desired to state that he had referred only to fissure-like cracks of the skin, and not to anal fissures or ulcers.

Endo's medium is used to plate the cultures. The vaccine employed is of the strength of one billion to the cc., beginning with two minims, or one hundred and thirty millions.

Dr. Murray refers to a paper written by Dr. Jerome Wagner, of New York City, published in the May number of the Medical Review of Reviews, in which Dr. Wagner reports some erroneous ideas claimed to have been gleaned from reading Murray's first two reports. Dr. Wagner, not having been able to confirm these reports, Dr. Murray pointed out the errors of technique in Dr. Wagner's work, as well as his errors in the interpretation of the reports.

Dr. Murray gave statistics in favor of his theory, drawn

from three years' original work on the subject; he also gave a summary of the results of treatment, showing the favorable clinical results with autogenous vaccines in a large majority of the cases treated.

He summed up his conclusions as follows:

First—Results of the past year's work continue to uphold the correctness of the bacterial theory of pruritus ani.

Second—It is advisable to make a bacteriologic examination of all cases of pruritus vulvae, also of cases of scrotal pruritus.

Third—The co-efficient of extinction of opsonins is a valuable aid in diagnosis in complicated and obstinate cases.

Fourth—Pruritus ani in this series of cases rarely extends above the white line of Hilton, and it is still subjudice.

Fifth—The presence of a skin infection with a local lesion begets an unfavorable prognosis for the cure of pruritus ani by an operative procedure.

Sixth—The absence of a demonstrable skin infection, and the presence of a local lesion with pruritus ani, will justify us in making a favorable prognosis for the cure of the pruritus ani by an operative procedure.

Seventh—Pruritus ani, with such infection as we have demonstrated, and a lesion existing in the anus or rectum, according to his statistics, is a coincidence; and the latter lesion is not the cause of the pruritus ani.

Eighth—The sphincter muscle does not allow a leakage of rectal mucous upon the anal skin of one who has pruritus ani, except there is a patulous anus, any more than it does in a normal individual who has no pruritus ani. The moisture of the parts is due to a low grade inflammation of the infected anal skin.

TREATMENT OF FISTULA-IN-ANO

J. A. MacMillan, M. D., of Detroit, Mich.

There are three essentials for the operation for this condition:

First—An incision that will open up every ramification of the fistulous tract.

Second—The excision of the fibrous tissue which forms its walls.

Third—Free drainage, and a regulation of the granulation by means of pressure by gauze packing.

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THE STUDY OF DRUGS

Most people do not think at all! With some it is a lack of time. With some it is a lack of inclination. In either case the result is the same. "Nobody home," as the newsboys say it. Apparently the many are willing to let the few do their thinking for them, and doctors as a class are no exception to this rule. For example, when that rainbow, named Bacteriology, appeared in the sky, the leaders of the dominant school of medicine immediately rushed afield to find the pot of gold —and the whole flock jumped the fence at exactly the same spot. But, alas and alack, this hidden treasure has failed to materialize, even as did the fabled pot of gold. And, in their eager search many of them have lost their way. They are blown hither and thither as down on a summer breeze. Their destination is unguessed by any, and least of all by themselves. On the other hand some few have noted the landmarks as they passed by, and these are returning to the fold one by one. Some are so glad to get back that they are telling all

about it. Read the following extract from the Journal of the American Medical Association:

In only a few schools do the students receive instruction which would enable them to point out to a patient in a few convincing words the fallacy of the use of the so-called lithia waters. It is certainly a remarkable fact that although the number and complexity of new drugs are increasing at a rate hitherto unknown, never in the history of medicine has the study of drugs been so neglected in many of the leading medical schools as at present. This is not altogether a question of poverty, for several of these schools have recently introduced excellent departments of bacteriology, preventive medicine, physiologic chemistry and the rather indefinite subject of "experimental medicine," although they have no department of pharmacology, or practically none. It would seem to require no argument to show that the students of such institutions are not receiving the education to which they are entitled.

Serious attempts to discover new remedies of value have been practically abandoned by the medical schools. The teaching of the fundamental facts concerning the drugs which every physician, be he an internist or a specialist in any branch, uses every day is left largely to chance. Is it not time for our medical schools to reinstate the study of drugs, even if some of the work in other branches has to be curtailed? The medical profession should recognize its part in the origination and perpetuation of such frauds as that of the "lithia waters," and our medical schools should realize that graduates of today in their knowledge of these important subjects are often relatively no better off, if indeed they are as well off, as graduates of two or three decades ago.

MEDICAL LEGISLATION

W. N. Mundy, M. D., Forest, Ohio

We have called our reader's attention to the mischievous and freak legislation enacted by our National and State legislatures. Every embryo reformer, philanthropist or what not imagines he is going to perfect humanity by legislation and forthwith besieges the legislature, and presto, a bill is passed that will make us angels, but no one is hurt but the law-abiding citizen and a suffering, patient public. How long the medical profession will quietly tolerate the discriminatory legislation now being enacted, it is hard to say. If the pro-

fession would stop for a season the continuous agitation for higher requirements; stop this constant agitation for a chance to eat at the public crib and investigate the adverse legislation being constantly enacted, that interferes with them in the legitimate practice or following of their profession, more good would be accomplished.

The recent ruling of the Postoffice Department in the transmission of poisons through the mail is but one instance of shortsighted legislation. Under this ruling a package of morphine, cocaine, codeine, strychnine and similar remedies cannot be mailed by a wholesale house or druggist to a physician. The ruling is absolutely foolish and interferes seriously with the druggist and physician in the legitimate pursuit of their profession or calling.

Even whilst writing this, I notice that Senator Knute Nelson has offered an amendment to the Harrison Anti-narcotic Law that practically prohibits a physician prescribing a pain relieving agent, cough remedy or antiasthmatic containing opium, its derivations or in fact any narcotic. Under its provisions it is doubtful if one dare give a patient Dover's or diaphoretic powders. Who is "the nigger in the woodpile," that is having this legislation enacted that so seriously hampers a physician in his calling? Under the provisions of this bill every physician must keep for two years every prescription of a narcotic administered to a patient ready for inspection. Personally, I have no objection to an inspection of all my prescriptions, but I do seriously object to be constantly harassed by such mischievous and dangerous legislation. I wonder if Section 1, Article XIV of the Constitution of the United States is not being seriously and dangerously fractured by some of these anti-narcotic, eugenic and health laws? Doctor, there is no time to waste. Get busy and investigate these bills that interfere with your legitimate work. See or write your representative and senators now.—E. M. J.

SOME EXAGGERATED VIEWS IN MEDICINE AND WHERE THEY LEAD TO

It is a source of real sorrow to a man as he grows older and considers carefully and calmly his professional experience to note what harmful opinions and practice prevail. Sane, conservative, well-balanced, broad-minded judgment is very frequently at a discount.

It is not rarely the young man with comparatively limited knowledge and experience, but filled to an excessive degree with advanced information, and with an undue appreciation of his own value, expressed, or tacitly accepted, who simply claims first place as a sort of right. To his predecessor who has reached that sense which comes only as the result of many years of work and service, he yields a very small quantum, if any, of allegiance. And thus every new fad or fancy of the hour, or the day, is almost sure to meet with a certain amount of popular acquiescence.

It doesn't really matter that many like things have been shown after a brief experience to be valueless and often injurious, so far as his temporary conviction is concerned. He goes right ahead with great enthusiasm, showers encomiums right and left, upon what neither he nor others have thoroughly tested, and only gradually awakens mentally and, we shall trust, morally, to know the great wrong he has done to his patients, to his profession and to himself. And singular to say, this type of man, and there are very many of them, even after he has learned one good lesson, will not profit for long, but will soon go to work again and bolster up some very remarkable medicine as he calls it, or worse still perhaps, some surgical procedure of very doubtful value.

Now then these ill-timed, exaggerated notions, lead in the end, simply to intolerance and skepticism, even as to what is really good and reliable. It becomes almost impossible to men and women, often deceived, to believe in anyone, or in anybody. After presenting these generalities, it seems as if it were well to be somewhat specific as to crying ills, which should be remedied.

Look a moment at what is being done about the "white plague," so called. How foolish, unwise, wrong, a great deal of it all really is. Is tuberculosis contagious, or rather transmissible? Yes, slightly so, under certain conditions, but these can very easily and with very little expense, relatively, be absolutely guarded against in many instances. In numerous other instances, alas, it will make practically very little differ-

ence how careful we are, because sooner or later, given the soil and conditions which are unsanitary, or unhealthy, the disease will almost inevitably develop. A few germs, with the real noxa which some of them carry, will be encountered and they will begin their work of destruction, simply because the opportunity is offered for their attack and development.

Therefore, treat people in their own homes as far as may be, and make these homes, as far as possible, what they should be, and cease spending large amounts of public and private funds building sanatoria in a vain and senseless crusade against tuberculosis. Again take the really very contagious, but still more infectious diseases like scarlet fever, diphtheria and measles, and what have we done with our great refinements to protect others from taking them? Do we accomplish our purpose? We may once, or a few times, perhaps, at a great outlay of preeautionary measures. Sooner or later the disease is taken, however, unless a personal immunity exists, which no one can either diagnose in advanee or when it oecurs tell the why or wherefore of its existenee.

In some epidemics we have an extensive but very mild form of disease; in others the epidemic is severe as to numbers attaeked, but also, and far more important, as to severity of disease. Why use certain exaggerated measures of protcetion at one time or the other when one must know if we avoid mild forms with certainty of recovery we may take grave forms later and die? I do not believe we can shorten disease of acute infectious type in the majority of instanees, exeept small-pox by vaecination, and perhaps diphtheria by antitoxin, by any modern method of treatment, or deal with it much more successfully than many years ago, except in so far as we appreciate and insist upon the observance of wise sanitary laws and good, attentive, common sense, trained nursing as much on the part of the doctor, in a way, as upon the carrying out of his orders by the nurse.

Epidemies come; epidemies go, and we know no more of their sudden rise and sudden departure than we did centuries ago. The germ theory of disease is very good up to a certain point as a basis for fighting at times, and in a praetical way from many a standpoint should be properly considered. But it has its many and great and unsolved exceptions, and is by no means explanatory of every acute disease in a satisfactory way, even among the infectious. Microbes are good, bad and indifferent. Some fight for us if we only give them a chance, as witness the latest, most scientific explanation of fever. Some microbes are bad, it is true, but not always; causes of disease

at times no doubt; but again scavengers and helps. When they are causes it is not so much on account of their bodily form as because of the real poison which attaches itself to them; they, in other words, are only the habitat of the poison.

Again and finally, how many microbes float about indifferently and innocently for many a long day. This is true, as we know, even of pneumococci and the bacillus of diphtheria. The former may rest quietly in the air passages for days and weeks and no pneumonia result; the latter may grow unobserved and seek to be let alone until some microscopic and bacterioscopic fiend goes searching around and drags him out of his nest and holds him up before a gaping world to be shunned and run away from, and as far as possible. The worst, final result of all the foregoing, and very much more that might be added, is to increase in my humble judgment, "Man's inhumanity to man."—Beverley Robinson.—Ed. in New York State Journal of Medicine.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Indianapolis, Ind., June 16, 17, 18, 1914, Dr. W. S. Glenn, State College, Pennsylvania, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 5, 1915, O. C. Darling, M. D., Riverside, President; H. C. Smith, M. D., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. H. T. Cox, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

SOUTHERN CALIFORNIA ECLECTIC MEDICAL ASSOCIATION

The eighteenth annual meeting of the Southern California Eclectic Medical Association was held conjointly with the regular monthly meeting of the Los Angeles County Eclectic Medical Society, as is customary, at the California Eclectic Medical College, 337½ South Hill Street, Los Angeles, May 5, 1914, with President Clinton Roath in the chair and all other officers present.

Shortly after 10 o'clock a. m. the meeting was called to order by the vice-president, Dr. William C. Bailey, be-

cause of a temporary but unavoidable absence of the president. President H. T. Cox, of the County Society, started the program by giving his address, "The County Society," which was well received.

President Roath having returned, now gave his address, which was timely and well received by the society. Dr. Munk next gave his address, "Our College," and, as always, when called upon, his remarks were pithy and to the point, mentioning some of the diffieulties under which an Eclectic College labors, the present and possible future State Board conditions with which our college must contend.

The forenoon session was now adjourned, and about forty of the society's members and guests assembled around the festive board at the Delmonico, where an excellent luncheon was enjoyed.

The afternoon session was called to order promptly at 2 p. m. by the president.

The subjeet of "Diphtheria" was very thoroughly covered by Dr. A. P. Baird, the doctor laying particular stress on proper methods of treatment. The discussion by Dr. Perce was also comprehensive.

A short paper on "Menstruation After Ovarectomy," by Dr. O. C. Welbourn, brought out important information on that subject, and gave warning that it is not safe to prognosticate a cessation of menstruation following an ovarectomy.

Dr. A. O. Conrad being absent, the discussion was led by Dr. T. C. Young, who gave a very plausible explanation of the probable cause of such condition of affairs. Drs. Baird and Darling also discussed the paper.

The final paper on the program, "Surgery of the Bones and Joints," by Dr. T. C. Young, gave a very complete synopsis of the causes, treatment, direct and general, especially the necessarily complete asepsis necessary in this work, and the prognosis. It was discussed by Dr. O. C. Welbourn. Dr. H. V. Brown gave an interesting, instructive and humorous description of his experiences on the State Board, and illustrated his feelings in the matter by a story which pleased his audience, but which they refused to sanction. The point in his story was an epitaph on a Texas tombstone, "He done his best, but that was d—— poor."

The election of officers for the ensuing year resulted as follows:

President, Dr. O. C. Darling, Riverside.
Vice-President, Dr. J. Fraser Barbrick, Los Angeles.
Secretary, Dr. H. C. Smith, Los Angeles.

Treasurer, Dr. J. A. Munk, Los Angeles.

Adjournment ended an exceptionally pleasant and profitable session.

DR. H. C. SMITH, Secretary.

COLLEGE NOTES

Herbert T. Cox, M. D.

Everybody please take notice, the thirty-fifth annual commencement of the California Eclectic Medical College will take place at Blanchard Hall, 233 South Broadway, Los Angeles, Cal., on Wednesday evening, June 3, 1914, at 8. Good music has been provided, and some good speakers will be present. A large graduating class will receive diplomas.

The faculty held an important meeting Friday evening, May 22, followed by a meeting of the trustees the same evening. At these meetings the work of the various departments during the year was carefully gone over, also important points relative to next year's work were considered, and, last but not least, the grades and credentials of the senior class were examined and candidates for graduation recommended.

Prof. J. F. Willard has given up his work at the out-patient clinic and has established an office at 2519 Pasadena avenue, city. Prof. Willord will still continue to lecture at the College on "Specific Medication and Diagnosis."

Prof. William C. Bailey has regained his health sufficiently to establish an office at his residence, 1465 Regina Lane, near Eagle Rock avenue.

The freshmen, sophomores and juniors were delightfully entertained by Dean Munk at his ranch near Compton on Saturday, April 18th, and on the following Saturday the seniors were invited to a duplicate affair. Much time was spent upon both occasions to the observation of the various medical plants growing upon the place. Also an exceedingly bounteous lunch was enjoyed, and everyone had a good time.

NEWS ITEMS

Dr. Lewis P. Cruteher is located at 415 Long Beach Bank Bldg., Long Beach.

Drs. J. A. Munk, H. Ford Scudder, J. Fraser Barbrick and O. C. Welbourn from Los Angeles attended the annual meeting of the California Eclectic Medical Society in San Francisco in May.

We have received the announcement of the twentieth annual meeting of the New England Eclectic Medical Association which was held in Portland, Maine, May 27 and 28.

In the May issue of the Eclectic Medical Journal we notice an account of fatalities resulting from the use of Flexner's serum which occurred in Los Angeles. This is an error because the agent used was Neo-Salvarsan, not Flexner's Serum, and was used for syphilis instead of meningitis.

Dr. E. R. Petskey writes from Diamond City, Canada, that he expected to leave there in May and come to this state, but has not decided on a location.

Dr. Darling, Riverside; Dr. Holton, Whittier; Dr. Turner, Pomona; Drs. Perce and Newton, Long Beach, were among the out-of-town members who attended the annual meeting of the Southern California Eclectic Medical Association.

The thirty-fifth annual commencement of the California Eclectic Medical College will be held June 3 in Blanchard hall at 8 o'clock. Dr. Thomas Newlin, president of Whittier College, will deliver the address, Dr. J. A. Munk will give the Dean's report, and Dr. O. C. Welbourn, president of the board of trustees, will confer the degrees. There are fourteen graduates.

Dr. Edward P. Bailey has been elected president of the Canadian Club of Los Angeles. Dr. Bailey was, for the previous six months, chairman of the board of directors of the society.

The Operation

Doctors to right of him,
Doctors to left of him,
Doctor in front of him,
Eager and questful.

Each with a skillful eye
To find the reason why—
What though the patient die?
It was successful. —Life.

Poor Johnny

Johnny handed the following note from his mother to the teacher one morning.

"Dere Teacher—You keep tellin my boy to breathe with his diafram. Maybe rich children have got diaframs but how about when their father only makes two shillings a day and has got five children to keep? First it's one thing, then it's another, and now it's diaframs. That's the worst yet."

Try It On the Dog

Wife—Oh, John, dear, haven't you got a headache?

Husband—No, why?

Wife—Oh, I'm so sorry. I have a new headache powder here I wanted to try.

Precautions

Ryan: For whoi 're puttin' up a fince, Doyle, afther all th' years ye've lived widout it?

Doyle: Well, th' fact is, Barney, th' docthor's bin at us t' take precautions against thim microbes ye've heard of.

What He Had

Crawford—"I hear he was operated on. What did he have?"

Crabshaw—"Money."

Why Worry?

John! John! Baby has swallowed my latchkey.

Father: Never mind, dear, use mine!

From the Sioux

There once was an Indian—a Sioux—
Who made up his mind he was thrioux;
So he said, with a sigh,
As he laid down to digh,
"Poor Injun—him feelin' heap blioux."

Following Instructions

"I hope you are following my instructions carefully, Sandy—the pills three times a day and a drop of whisky at bedtime."

"Weel, sir, I may be a wee bit behind wi' the pills, but I'm about six weeks in front wi' the whusky."

Out of Order

"My stomach's out of order, doctor."

"Have you tried home-cooking?"

"No, that's not the reason."

Truthful

Miss Askit—"Doctor, is it dangerous to the brain to bleach one's hair?"

Dr. Emdee—"Yes; it's likely to make one light-headed."

He Did But She Didn't

"Do you obey the Bible injunction to love your neighbor?"

"I try to, but she won't let me."

The California Eclectic Medical Journal

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Original Contributions

SPECIFIC MEDICATION AND SPECIFIC DIAGNOSIS

J. F. Willard, M. D., Los Angeles, Cal.

Read before the California Eclectic Medical Society

I shall not attempt in this brief paper to say anything new regarding the application of Eclectic medicine. Rather, it seems to me more appropriate to repeat the things that have been many times said during the past fifty years and at this especial time to emphasize some of the teachings of Eclectic medicine, that they may be better understood by the student and utilized to greater advantage by the practitioner of today. We are so inclined to seek that which seems easiest, which requires the least time, least effort, least worry, and least sacrifice, and, unfortunately, while in this frame of mind, we are prone to run after "false gods," take up fads, develop specialties, be led astray by branches, pathies, isms or freak offshoots of this most noble of all the professions, until today the title of doctor is in danger of becoming a term of contempt instead of a symbol of respect and honor. The tendency seems to be to avoid the real work and look for some quick, short or easy route of cure or devise some method of treatment as nearly as possible automatic in action. That the axiom "The greatest return for the least effort" is the slogan of many physicians is proven by their gunshot prescriptions and compound mixtures, each of which is recommended to cure about all the ills that flesh is heir to; and recent, is not last, are the bacterins, serums and vaccines—autogenous and otherwise—which are guaranteed not only to cure all forms of infection but to act as a prophylactic and give immunity from disease. While this panorama of dreams

is passing along, we sadly note that not a few of the brethren of our American school are inclined to follow the elusive will-o'-the-wisp, which we fear will lead them into a dismal swamp whose waters and mire will engulf them, or into a jungle of brambles whose thorns will sorely wound them. In the face of all this, is it not high time there should be an awakening to the fact that not yet has there been discovered anything in the science and art of medicine which exceeds the success of our American practice and that there is no limit to the field of study offered by Eclecticism? It is specific, it is direct, and, when coupled with or directed by specific diagnosis, it is as scientific, as demonstrable, and as positively correct as a mathematical calculation.

Specific diagnosis and specific medication are so intimately bound together that to know the one is to understand the application of the other, and to an Eclectic who knows the "wrong of life" by specific diagnosis, the application of the specific medication required is as an open book. Yet to know that a specific remedy will relieve a specific condition is not enough for the true Eclectic. He should carry the study deeper and profit in equal measure. Therefore I say unto you: open your histologies and physiologies and study them well and you will find through what channels and upon what organs or structures of the body your remedies act or for which class of tissues or group of cells each of your specific medicines has an affinity. Then, knowing the histological structure and cellular action of the body, you will know by specific diagnosis the class or group of cells which are in trouble and the character of the trouble, and you will know by specific medication not only how to remedy the trouble but why you have righted the wrong of life of these microscopic bodies.

Are these cells too active or excited, causing themselves or others injury? Or are these little beings depressed or sluggish, their work being below normal as a result? What is the cause of their wrongdoing? Is it because of toxic substances by which they are irritated or is it due to poor material with which they are building? Is it excess, defect, or perversion which requires our attention? Is it excitation or is it depression. Surely you should know all these, for you would not supply a stimulant to an already excited organ nor a sedative in a condition of depression. Truly you would not prescribe nux vomica for tonic spasm nor gelsemium in passive congestion.

Now let us make a brief study of a specific medicine. And since there are many ills of life with an increase of

temperature, let us study a sedative, say specific aconite. How many are there among us who know all there is to know of this wonderful remedy? Let us recall from our books. Aconite is diuretic, depressant, diaphoretic, a sedative and a good remedy for fever, etc., ad libitum. It is a powerful and most valuable sedative when indicated; and here we have the story of the small frequent pulse, the large and easily compressed pulse, etc. We will say of aconite "a most powerful local anaesthetic." And shall we stop there? Is this all there is to know of this one of the most valuable of all specific medicines? Well, no! Let us at least go one step further and learn of its real influence, of its direct or specific action. The prescription might read: Sp. M. aconite, drops 5, water 4 ounces; mix and give one teaspoonful every hour, etc. Now follow it and note its mechanical action, its chemical action, its specific or direct action, and learn why it influences and how it produces results.

Specific aconite in its way is anaesthetic to the part or parts with which it comes in contact, checking excitation and relieving irritation by controlling sensation. Its specific action is first upon the vasomotor nerve filaments which supply the very delicate endothelial cells that line the heart and blood vessels. These nerve endings or nerve plates are derived from the great sympathetic nervous system, which supplies and controls all non-striated muscular fiber so that, second, its action is upon the muscle walls of the heart and vessels. Later its action is upon the cerebrospinal system, causing anaesthesia of the sensory and central control cells.

This Eclectic remedy, entering the circulation, is carried through the arteries, arterioles, capillaries and veins by the blood and thus comes in direct contact with every part of the body. It might well be compared with a local anaesthetic spending its influence upon the cells and nerves by contact. Under its anaesthetic influence the excitation and irritation of the cells subside, the vasomotor nerves are soothed, the non-striated muscle fiber of the vascular walls relax, the vessels dilate and the volume of circulation is permitted to pass more readily and with less resistance. The result is: the small, wiry, frequent pulse is changed, the pulse wave becoming larger, softer and slower until the normal is reached. Then "as is the circulation so will be the temperature," and this is Eclectic medicine.

Now take another specific sedative, one that is thoroughly Eclectic, and write veratrum, and we will give it a brief study. Indications for veratrum: A hard pulse; a large or

full hard pulse; a full, hard, bounding pulse, with increase of temperature and determination of blood to a part, and we have need of a sedative. The inclination is perhaps to an inflammation of a part, but the special note is the hard pulse, the quality being the special feature. The musculature of the arteries, especially the circular coat, is in a state of high tonic agitation. Every muscle fiber assisting in the impulse wave makes its contraction with a firmness and is complete. The non-striated muscle fibers of the vessel wall are in high tone and the contents of the arteries are forced forward regardless of the condition of the capillaries to receive it. This gives the quality of hardness to the pulse. Especially will this be noted in erythematous conditions.

The direct affinity of veratrum here is not upon the endothelial lining cells, but, first, upon the end-plates of the vasomotor nerves which supply the vascular musculature and through them it acts as a powerful antispasmodic to the non-striated and cardiac muscle. The action of veratrum is the reverse of tonic action. It is an antitonic, acting directly and firstly on the vasomotor end-plates, then on the gangliated cord, then on the spinal system, especially the senory horns, and later on the various secreting glands of the body, to which it becomes an irritant. As an antispadmodic, it overcomes the tonic agitation, relaxes the muscle fiber and prevents its complete contraction. This permits the blood to flow through the vessels more quietly and produces a slower and softer pulse wave. The tonic agitation of the arteries being lessened, capillary congestion is relieved, circulation is adjusted to the requirements of the condition, and the temperature drops. For "as is the circulation in a part, so will be the temperature of the part."

This is the science of direct or specific medication for a pathological condition and this is Eclectic medicine.

AN INTRACTABLE CASE OF DYSMENORRHOEA

M. F. Bettencourt, M. D., Mart, Texas

In medicine one often meets problems as difficult to solve as the most mystifying of Oriental puzzles. They remain intensely interesting as long as one feels a hope of solving them; but, when one's skill has been exhausted with the only result of throwing him into the midst of a labyrinthine maze where he is forced to gaze continually upon the perplexing question, "What next?" or the vexing statement, "Defeat

acknowledged," then the problem becomes as much a task as at first it was a pleasure.

Yes, experience is a good teacher—because she is so devilishly harsh in her ways. She mauls the facts so deeply into one's brains that they are never able to work their way out again. We will not deny, however, that our failures usually teach us more that our successes. The pride in us and the unwillingness to acknowledge defeat are powerful incentives to work.

I desire to relate one of these medical enigmas which has baffled me and numerous others by relating what has been done, how little has been accomplished and to ask for suggestions from those who will give them.

The case in question is Mrs. S., thirty-nine years of age, nullipara, robust and apparently in excellent health. She was reared on a farm and led an active life so essential to normal development. Since the days when she budded into womanhood, she has had a menstrual disturbance of an extremely painful nature. Her first was the only menstruation that she can recall as having been "easy."

Never having been tutored in the natural changes that take place as the girl enters womanhood, she, upon discovering her supposed "unnatural state," waded into a creek in an effort "to keep clean." This she continued for several periods, but during her second she suffered considerable pain and during the third, even convulsions developed. These she has had since at irregular intervals. They develop only after prolonged suffering. When seized by one she usually remains unconscious for hours. There is always extreme pain and a peculiar muscular drawing—a tendency to muscular spasms. She has never been pregnant, though married for twenty-three years. Marked sensitiveness of the pelvic viscera is a constant symptom. Even the careful introduction of the vaginal speculum is always a source of much discomfort. The bladder is always sensitive, but more especially during menstruation. Urinalysis reveals nothing abnormal, but still there is that persistent, stubborn cystitis which we commonly find accompanying pelvic wrongs. She as a rule suffers intermenstrually also for several days with severe ovarian pains—usually half way between periods. This leaves a marked soreness in the ovarian region for several days. The menstrual pain begins a day or more before the appearance of the flow and continues throughout the period. All pains are described as being of a tensive, drawing nature. Close examination fails to reveal any pathological wrong, either uterine or ovarian. The pain always seems

marked in the hips and thighs and is accompanied by a state which might be expressed as a temporary partial hemiplegia affecting the right side. Nervousness is marked during the period of suffering. Menses are always scant. Membranous shreds are frequently found. Circulation is usually depressed.

In the treatment I have endeavored to avoid opiates or any habit-forming drug. The patient is indeed patient, but some ease is necessary in order to avoid the development of convulsions. It usually requires large dosage to give relief. At one time she was given by mouth a No. 1 H-M-C tablet every thirty minutes until six had been given without any apparent effect. Chlorodyne has been the only other anodyne used to any extent because it seemed the most effective. However, it requires at times as much as a hundred drops taken in twenty-five-drop hourly doses before moderate ease is obtained.

Before coming into my hands the patient had undergone curetting several times with but slight improvement and that but temporary. At no time has there been any persistent discharge or any indication of endometritis. All symptomatic treatment has been of little avail. It seems that the inner os is abnormally sensitive and possibly too firmly contracted. Cervical dilatation has, with one exception, done more toward relief than any other means employed. It serves to lighten the pains, relieve the nausea and cause the patient to feel better in general, but it has the disadvantage of being a harsh treatment to continue indefinitely. It seems to have no effect upon any other period except that immediately following it. The following list includes most of the remedies used as thought indicated: Black haw, bryonia, cannabis, chimaphilla, chloral hydrate, cypripedium, dioscorea, eryngium, gelsemium, gossypium, gravel root, helonias, maerotys, mitchella, melilotus, phytolacca, plantago, polygonum, pulsatilla, rhus tox., scutellaria, senecio, thuja, tiger lily, viburnum, xanthium, elixer bromides compound, and boro-glycerine tampons. You can see by this list that the patient has been under my care for quite a time and that a good deal of the treatment has been along the line of experimentation.

Some drugs apparently helped some, while others did not help at all. And not until the point had been reached when it seemed imperative that defeat be acknowledged did I fall upon a remedy which at present is giving more real benefit than any other measure yet used. This remedy has many times and in many varying conditions proved itself a Samson and bids fair to prove its worth again.

The conclusion was reached that the pain was of a neural-

gic nature and while other remedies seemed far more clearly indicated and failed to give relief, yet it seemed that muscular relaxation and sedation of the nervous system were necessary and these with the neuralgic nature of the pain suggested gelsemium in large dosage. It was administered with the most gratifying results. At present the treatment consists of from fifteen to twenty drops of specific gelsemium as the initial dose upon the first indication of pain and this followed with from five to ten drops hourly till sedation and relief from pain or marked ptosis is produced. The results thus far have been most gratifying. The tendency toward muscular drawing ceases, marked sedation is obtained, the extremities warm up, a general sense of well-being is experienced, and the pain fades away. The patient at present receives sufficient relief from pain by this use of gelsemium to make the use of any anodyne unnecessary. The condition of the bladder is also markedly improved—better than at any period before. However, since five-drop doses of melilotus and thuja are being given for that purpose it is impossible to state just which deserves the credit in this direction. For the menstrual derangement gelsemium is the only drug given at present.

In this case operation has been advised by numerous physicians. None has, however, stated just why surgical interference was necessary. Being unable to detect any real pathological condition and reasoning that premature menopause would markedly aggravate the nervous disturbance, I have not favored surgical measures. While the patient is doing very satisfactory at present, yet any discussion of the case by this able body or any criticism which may tend toward a probable benefit to the patient will be highly appreciated.

ACIDOSIS

J. A. Munk, M. D., Los Angeles, Cal.

Acidosis is a word of recent origin, but the condition it describes is as old as man. The fluids of the body are normally neutral in reaction, but there is a constant tendency towards acidity. Various processes of fermentation and decomposition that create acids are liable to occur at any time in the body. Such a condition can not be always wholly avoided, but, if discovered, should be controlled and prevented from reaching a harmful extreme.

The greatest danger from this source comes from indigestion. A small amount of hydrochloric acid is a natural ingredi-

ent of the gastric juice and is a necessary factor of digestion. Whenever this or any other acid is present in excess it becomes a disturbing element and causes some degree of discomfort. Usually nature is able to correct such an abnormality by preventing or neutralizing any hyperacidity; but when this is not done the unnatural production of acid continues indefinitely until the entire system becomes saturated and affects every organic function. When this stage of the disease develops the symptoms are those of anemia with pale skin, cold extremities and pallid mucous membranes, but the most distinct and positive sign of acidosis is a white-coated tongue.

Acidosis arises from some perverted action within the body that may be increased or aggravated by an acid diet. There are times when all acids must be excluded from the diet, and acid-producing agents, like starch and sugar, used with great caution. Eating too much fruit is a frequent cause of acidosis, as all kinds of fruit contain more or less acid. The more sour the fruit the more harmful it is, and citrus fruit is the most harmful of all. Fruit eating is a common practice that is either healthful or harmful, according to circumstances. Certain extremists advocate eating fruit at all times and claim that it can not possibly do any harm. Such teaching is a serious mistake, as is easily proven when it is followed.

The above statement applies generally to the subject, but also has its special significance. A fruit diet is best suited to a hot country and is improper in cold weather. Acids tend to cool the blood, and, when taken in excess, create an unpleasant sensation of chilliness. A mildly acid drink makes a cooling summer beverage that quenches thirst and is agreeably refreshing. During hot weather there is apt to be a craving for such drink as well as for fruit, but in cold weather it is not desired nor desirable. A moderate use of acid is proper in summer but improper in winter, and is more beneficial in a hot than in a cold climate.

This difference is, perhaps, more noticeable in California than elsewhere, because of its diversity of climate. Being a land of abundant fruits, the temptation is constantly to overindulge in fruit. Tourists are particularly liable to fall into this habit and suffer most from its evil effects. People who have lived in California for a number of years have learned their lesson from experience and eat fruit cautiously and sparingly. California is considered a hot country, and so it is in spots on the desert, but on the coast, where most of the people live, the climate is more cold than hot. The nights are always cold, and much of the time there is an uncomfortable chilliness

in the air that sensitive people feel and which is increased by eating much fruit. The tardy ripening of fruit is proof that the weather is cold, as crops of all kinds ripen from one month to six weeks later on the coast than they do on the desert or in the warm valleys of the interior. The reason for this difference in temperature is due to the Pacific ocean, which varies in temperature only eight degrees Fahrenheit during the year. The presence of this vast body of water and the daily cool sea breeze accounts for the steady cool climate of the Pacific coast. Everything in life, even the temperature, is relative, and the atmosphere feels either cold or hot by contrast with the outside weather, making the winter seem warm and the summer cool.

All fruit in its green state is naturally sour, and only sweetens as it becomes ripe and mellow. The cool climate of California causes the fruit to ripen slowly, and much of it is gathered when it is only half ripe and is sent to market in that condition, when it does not ripen as it should. Only fruit that is permitted to remain on the tree until it becomes fully ripe can ever reach perfection. It is during the mellowing process that fruit acquires its sweetness and delicate flavor. Such fruit picked and eaten from the tree can never be equalled by the half ripe market variety. Particularly is this true of berries, and the fruits that contain pits, like the peach, plum and apricot are not fit to eat until they are mushy ripe before being picked from the tree. Some other fruits that have seeds, like the apple and pear, require more time to mature and become mellow after being picked and stored.

Anyone who knows the difference between green and ripe fruit finds little satisfaction in the kind that is found on the market. The citizen who loves good fruit has a plot of ground where he grows his own fruit, "sits under his own vine and fig tree," and eats the perfect apples of Hesperides and drinks the ambrosial nectar of the gods.

CALIFORNIA STATE BOARD OF MEDICAL EXAMINERS

Held in Los Angeles, Calif., June 16, 17, 18 and 19, 1914.

MATERIA MEDICA, THERAPEUTICS, PHARMACOLOGY AND PRESCRIPTION WRITING

By Dr. S. H. Buteau.

(Answer any ten of these twelve questions.)

1. Define: (a) Tincture; (b) Extract; (c) Alkaloid; (d) Emulsion; (e) Solution.
2. What are Epsom Salts? Rochelle Salts? Glauber's Salts? Give physiological action.
3. Give name and dosage of five hypnotics, and state under what different special conditions each should be administered.
4. Give your choice of fifteen drugs, and state reasons for your choice.
5. Give the chemical incompatibilities of iodide of potassium. Give a therapeutic incompatibility of bromide of sodium.
6. Name the two most soluble forms of quinine. Write a prescription containing five grains of quinine sulphate to a fluid drachm.
7. Give physiological action of a vaccine. Of an antitoxin.
8. Give treatment of shock. Of gonorrheal rheumatism.
9. Give physiological action of ether administered by inhalation. Give physiological action of water.
10. Name and give dosage of three drugs that render the urine acid. Three that render the urine alkaline.
11. Give therapeutics of (a) Fowler's Solution; (b) Basham's Mixture; (c) Dobell's Solution; (d) Blaud's Pill.
12. Give treatment of odoema of the lungs complicating bronchitis in old people.

SURGERY

By Dr. Robert A. Campbell.

(Answer ten questions only.)

1. Give technique for supra-pubic prostatectomy in two stages, and state reason for two-stage operation.
2. What is an embolus? What would be the result of an embolus in the brachial artery?
3. Give etiology, pathology, diagnosis and treatment of intussusception.
4. Differentiate between a chancre and a chancroid, and herpes of a genital.
5. Draw a diagram of the body showing location of right kidney, spleen, pancreas and thymus gland.
6. Give symptoms and treatment of surgical shock.
7. Define: (a) Anuria; (b) tenesmus; (c) cystotomy; (d) dacryocystitis.
8. What is hematuria? What may cause it?
9. In fracture of the humerus just above the insertion of the deltoid: (a) Give position of fragments; (b) Tell why so located; (c) Describe the proper dressing.
10. (a) What would be the result of a rupture of the middle meningeal artery, distal to the Foramen Spinosum? (b) Where would you trephine to reach the bleeding point?

11. What is Pott's fracture? Give pathology. Describe the proper dressing.

12. (a) What is the significance of a leucocytosis; (b) Name five surgical conditions in which you get leucocytosis; (c) Name five diseases in which there is no leucocytosis.

GYNECOLOGY

1. Give differential diagnosis between intrauterine polyp and carcinoma of the fundus.

2. Compare three types of operation for cure of carcinoma of the cervix uteri.

3. Technique of operation for three months' abortion where patient continues to bleed after most of the membranes have been expelled.

4. How can you tell if a gonorrheal infection has spread from the cervix to the endometrium?

5. Give treatment of a parametritis following labor.

6. Give the causes, description and treatment of pudendal hematoma.

OBSTETRICS

1. Give technique of procedure in the condition of placenta praevia.

2. Give treatment of labor when obstructed by spondylolisthetic pelvis.

3. Explain the great frequency of presentation of the vertex.

4. Give the prenatal diagnosis of twins.

5. Give some recognized treatment of pernicious vomiting.

6. Give mechanism of labor in brow presentation and comparative frequency of same.

HYGIENE AND SANITATION

(Please do not answer any more than ten questions. Questions numbers 3 and 5 must be answered by all candidates.)

1. What tests would you use to determine whether or not a specimen of raw meat was suitable for food?

2. What do you understand by the "hypochlorite" treatment of drinking water? How is it applied? Discuss its efficiency.

3. What diseases may be spread by the house fly? Discuss the most effective means of preventing the increase of flies.

4. What is rabies? How is it ordinarily spread? Discuss means for control.

5. You are called to a farm house to attend a patient suffering from typhoid fever. Give in detail your instructions to the family so as to protect the remaining members from infection.

6. What are carriers? In what disease are carriers of importance in spreading contagion?

7. Discuss the epidemiology of measles.

8. What is the relative food values of the flesh of fish and of warm-blooded animals? Discuss.

9. Describe in detail an efficient method for disposing of the waste material from a permanent camp of fifty men.

10. Under what circumstances may drinking water be contaminated with lead? Give one test for its detection.

11. What is "miner's asthma"? Discuss its causes and prevention.

12. Describe any efficient method of treating a sewage effluent before dumping into a river.

HISTOLOGY AND ANATOMY

By Dr. William B. Molony.

(Answer five of the first group of six and five of the second group of six.)

1. Define and give structure of connective tissue. Name ten varieties. Give principal characteristic and an example of each variety.
2. Define and give structure of leucocytes. Where are they present normally? Name and describe five varieties.
3. Discuss the histology and anatomy of the mucous membrane of the small intestines.
4. Discuss the histological anatomy of the exoretory portion of the kidney.
5. Muscle tissue: Give three general classifications; Histology of each group.
6. Give the histology of the mammary gland.
7. If the subclavian artery be blocked at the third portion, how may a cellateral circulation be established to the upper extremity?
8. (a) Discuss the attachments of the dura mater; (b) Discuss the venous system within the cranial cavity.
9. Describe briefly the middle ear; Give location, relations and openings; (a) Locate the centers for motion of the muscles of the face, neck, arm, hand, trunk and lower extremity; (b) Draw a diagram showing the gross structure of the internal capsule of the brain.
10. Describe the bony pelvis.
11. Give the anterior surface markings of nine regions over the abdomen and the principal contents of each region.
12. Discuss the cervical sympathetic ganglia. Give location, tributaries and branches.

PHYSIOLOGY

By Dr. W. W. Vanderburgh.

(Answer ten questions only.)

1. Discuss the following reflexes as diagnostic signs: (a) Scapular; (b) Cremasteric; (c) Plantar; (d) Conjunctival; (e) Abdominal.
2. Discuss spinal reflexes; (b) Discuss complex reflexes.
3. Describe briefly the digestion of carbohydrates; (b) Describe the digestion of fats.
4. How may the existence of vaso-motor nerves be demonstrated?
5. Give function of the following: (b) Parathyroids; (c) Spleen; (d) Pancreas; (e) Pituitary body.
6. Compare lymph and chyle.
7. Describe a practical method for measuring blood pressure.
8. What is the chemical composition of blood plasma? (b) What is the chemical composition of blood serum?
9. Discuss the nervous control of the heart action. (b) What nerves form the cardiac plexus?
10. In what veins may the pulse be elicited under normal conditions? What are the most frequent pathological conditions that produce venous pulse? What veins are usually involved?
11. What are the constituents of bile? (b) Discuss the excretion

of bile; (c) Discuss the secretion of bile; (d) What is the action of bile?

12. Describe the muscular mechanism concerned in respiration.

GENERAL MEDICINE

By Dr. Dain L. Tasker.

(Answer ten questions only.)

1. (a) Name two diseases due to protozoa; (b) Give cardinal symptoms of one of them.
2. Describe the symptoms of erysipelas.
3. What are the most frequent complications and sequelas of scarlet fever?
4. Describe acute rheumatic fever.
5. What are the causes of acute parenchymatous nephritis? Give symptoms of the disease. Outline the treatment.
6. Describe the characteristics of chlorosis.
7. What are the physical signs of acute fibrinous pericarditis?
8. Describe herpes zoster.
9. What are the symptoms of acute anterior polio-myelitis?
10. What are the symptoms of cholelithiasis? How should an acute attack be treated?
11. Describe symptoms and treatment of diphtheria.
12. Give symptoms and treatment of peptic ulcer.

BACTERIOLOGY AND PATHOLOGY

(For Physicians' and Surgeons' Applicants.)

(Answer ten questions only.)

1. Describe in detail an accepted method of making a complete bacteriological examination of a lesion.
2. Describe the bacillus anthracis and the disease produced by the same.
3. Name and describe fully the organisms that are usually found in: (a) Furunculosis; (b) Impetigo contagiosa.
4. Describe a "Petris" capsule and its uses in detail.
5. Describe the bacillus mallei and the disease caused by the same.
6. Describe the entamoeba histolytica and the disease caused by the same.
7. Describe each of the various steps (and give the reasons for them) of preparing a flesh surgical specimen for histopathological study.
8. Define neoplasm (autonomous tumor) and describe histopathology of one type.
9. Discuss the main pathological processes following complete ablation of the parathyroids.
10. Define and describe myositus; (b) Discuss one common bacterial cause.
11. Describe the histopathological changes characterizing: (a) Tuberculosis of the skin; (b) A lepra nodule.
12. Differentiate pathologically and bacteriologically between cancrum oris and lues of the buccal mucosa.

**Questions 1 and 12 must be answered by all applicants.

CHEMISTRY

(For Physicians and Surgeons)

By Dr. H. V. Brown

(Answer five questions only.)

1. Give the chemical equations for the formation of hydrochloric acid.
2. What is the principal fat in the human body? (b) Give a good test for fat.
3. What is the chemistry of tartar formation on the teeth?
4. What are the distinguishing chemical compounds in renal calauli and tophi of gout?
5. (a) What is the reaction of the blood, and to what is it due? (b) Name a recognized method for its determination.
6. Give the average normal amounts in twenty-four hours, of the following substances found in the urine of a healthy person: Urea, in grams; uric acid; chlorides; phosphates; sulphates.

TOXICOLOGY

(Answer five questions only.)

1. (a) What is the dosage of philocarpine hydrochloride? (b) How does death occur from over dose of same? (c) What is the physiologic antidote?
2. Give the treatment for poisoning by the mineral acids.
3. State what emergency treatment should be employed for poisoning by iodide; for poisoning by silver nitrate; name the chemical antidote for each, if there be one.
4. What relation do hypodermic and mouth doses bear to each other as regards size, and why does the former act more quickly than the latter?
5. What is the dosage of guaiacol carbonate, red mercuric iodide, sodium bromide, sulphonal?
6. Name two vegetable and three mineral emetics.

ECLECTIC MATERIA MEDICA AND THERAPEUTICS

By Dr. H. V. Brown.

(Answer ten questions only.)

1. Differentiate specific indications of nux vomica, hydrastis and xanthoxylum in gastro intestinal diseases.
2. What are the indicated remedies in the following conditions: (a) Broad pallis tongue, with nausea and vomiting; (b) Hard, vibratile pulse, frontal pain extending to basilar regions; (c) Skin hot, but inclined to moisture, face flushed, sharp pain?
3. Differentiate the following drugs in liver conditions: Podophyllum, chionanthus, chelidonium.
4. Name one drug which increases the elimination of solids by the kidneys, and two which inhibit the elimination of the watery element of urine.
5. (a) Write a prescription for nocturnal incontinence in child; (b) For intercostal neuritis.
6. Discuss echinecea, giving origin, uses and elimination.
7. What drugs will lower blood pressure?

8. Name three remedies which you would use in diseases of the heart, and give the source, physiological action, specific indications and dose of each.

9. Define the following: Diuretic, diaphoretic, cholagogue, anthelmintic, analgesl, hypnotic, antiseptic, aseptic and germicide.

10. What is iodine? How obtained? Official preparations and important salts.

11. Under what conditions would you employ the following drugs as antipyretics: aconite, veratrum, gelsemium, quinine?

12. Give treatment for cerebro-spinal meningitis.

HOMEOPATHIC MATERIA MEDICA

By Dr. Robt. A. Campbell.

(Answer ten questions only.)

1. What remedy would you prescribe for the following cases: (a) Burning in eyes with acid lachrymation, nasal discharge thin, watery and excoriating. Face pale and swollen. Extreme thirst, and cannot bear the odor of food. Skin is dry and rough. Worse in early morning. (b) Throat sore on left side, mouth dry, but no thirst; bitter taste in mouth. Burning, sour, incomplete eructations. Has full feeling after eating. Has painful hemorrhoids, and small hard stool. Drowsy during day. Perspirations offensive. Aggravation in late afternoon and from cold. Better on moving around.

2. Describe characteristic tongue of rhus pox. Mercurius and belladonna.

3. Give indication for each of the following remedies in pneumonia; (a) Bryonia; (b) Aconite; (c) Phosphorous.

4. What is globus hystericus? What two remedies are most frequently indicated?

5. Write a prescription for a gargle for acute follicular tonsilitis.

6. Name five medicines from each of the following: (a) Animal kingdom; (b) Mineral kingdom; (c) Vegetable kingdom; (d) and two nosodes.

7. Describe the care and treatment of scarlet fever.

8. Give the name of the remedy derived from the following: (a) Wintergreen; (b) Indian hemp; (c) Horse chestnut; (d) Monks hood; (e) Poppy.

9. Give the common names for the following: (a) Belladonna; (b) Hyoscyamus; (c) Hydrastis; (d) Gelsemium; (e) Cinchona.

10. Differentiate between colocynth and dioscorea in colic.

11. Discuss pulsatilla.

12. Describe in detail how the XXX potency of belladonna should be made, starting with the leaves.

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OUR SOCIETIES

This is the season of the year when our various societies have their annual meetings and much good work is done. The formal papers add to our literature and the information contained becomes available to the many who are unable to attend. Other good things, being impromptu, necessarily are lost to the absent ones. At these meetings old friendships are renewed and a feeling of good fellowship prevails—especially during the banquet hour. With a lot to eat and little to drink and a lot to say and little to think, the allotted time is soon spent. All have a good time and with many an au revoir each returns to his own field of labor a wiser if not better man.

THE CITIZENS MEDICAL RIGHTS ALLIANCE OF CALIFORNIA

The Citizens Medical Rights Alliance of California has been organized with Dr. Lewis P. Crutcher at its head. The Administrative Board, we note, is made up of representative people, and from a study of the "Statement of Contentions" and the plans of the organization, it augurs well for our school and for the other independent systems.

Dr. Crutcher has been engaged in medico-legislative work for several years and since he is directing the course of this organization little doubt is left that it will prove the proper medium for relief from the many abuses now suffered by homoeopaths and others of the newer schools.

The "Statement of Contentions" of the Alliance reads as follows:

1. We contend that the right of the citizen to accept or to reject any system of healing or method of treatment is inherent, and that monopoly of practice is un-American and intolerable.

2. We contend that opposition to, or favoritism for, any system of healing by any governmental department or agency is a manifest violation of constitutional government.

3. We contend that every means of education and legislation should be utilized not only to prevent any further invasion of the rights of the citizen in the realm of healing, but also to correct every existing usurpation of those rights.

4. We contend that health legislation involving quarantine, sanitation, hygiene and all similar measures can be, and should be administered with an impartiality that would protect the community and at the same time safeguard the rights of the individual.

5. We contend that practical demonstration is the only acceptable medium for the determination of merit in the healing art, and that on this basis every system should be required to stand or fall.

6. We contend that each organized system of healing is by every right entitled to establish its own standards of professional education and requirements for practice, and that only in this way can the citizen fully enjoy his legitimate preference in the healing art.

The object and policy of the Alliance are expressed in equally unmistakable terms. From its constitution we read:

"The object of this Alliance shall be to restore and pre-

serve, by education and legislation, the medieal rights of the citizen and praetitioner in the State of California.

"The poliey of the Alliance shall be:

"1. Edueational: For the education of the public by lectures, the issuance of bulletins and publicity through the press.

"2. Legislative: (a) For the repeal of all diseriminatory and eompulsory medieal enaetments now in foree in California, and to prevent the enaetment of similar measures in the future; (b) For the establishment in the State of California of separate and independent Boards of Medieal Registration and Licensure."

In a letter to the editor of the Journal, Dr. Cruteher says:

"We do not ehampion the eause of those who eonfuse liberty and license, or who do not know the distinetion between freedom and lawlessness. Our propaganda is in the interest of our many citizens who know full well their inherent medieal rights, and who also know that those rights have been and are being taken from them by a few men who eonsider the practiee of medieine in the light of a monopoly and who look upon every eitizen and his ehildren as mere subjeets of that monopoly. We eontemplate a dignified eampaign for the eorrection of the abuses that have already come from the politieal activities of the so-ealled 'medieal trust,' and also to prevent any similar eneroaehments upon our rights in the future, and we expeet to find the remedy through edueation and legislation.

"Furthermore, we plan to offset the bold invasion by the politieal doetors of our publie sehools and of other publie institutions, where the impress of their monopolistie polieies is becoming more and more evident and unbearable from day to day.

"Ours is not a medieal or healing problem, but rather is it an ethieal one, or preferably, a politieal one, dealing with State medieine, and not with any phase of the praetiee of the healing art.

"The Allianee was organized beeause it was felt by many that the time had eome for the inauguration of a movement whose poliey should be aggressive, not merely defensive; whose activities should be both remedial and eonstruetive."

The offiee of the Allianee is loeated at 616-618 Homer Laughlin Building, Los Angeles.

Here, in this new movement, there seems to be splendid opportunity for definite, eoneerted aetion for remedial medieal legislation of a permanent charaeter.—The Paeifie Coast Journal of Homoeopathy.

SCIENCE AND HUMANITY IN MEDICINE

On the one hand, today, more than ever before, we have the cult of science, exact and sure, as we are prone to believe—at least many of us. On the other side, we have not a few who still cling to the thoughts and acts of the past as beacon lights for their conduct. Who are those who are right, and why so? This is the question which seriously agitates my heart and mind, and has for some time, but especially so during the past forty-eight hours, in view of cases lately seen, which have forced me to give my undivided thought to the best practical solution of problems affecting immediately the happiness and life of those to whom I am still the guiding hand in matters affecting most nearly their bodily and indeed their mental well-being.

This morning, for example, I am brought face to face with the following: An only son and child, grown up and doing a man's work in the office of an important New York daily paper—engaged to be married and now known to have the first stage of pulmonary tuberculosis—if the presence of tubercle bacilli in the sputa should fix the diagnosis absolutely; young man, young woman, father and mother, all very unhappy because of the counsels which I have given in an authoritative way, I ordered; first, give up city work; second, go to the country; third, follow daily certain careful lines of living; fourth, judicious and well-known medication; fifth, avoidance of intimate association with fiancee, so long as bacilli are present in sputa. Despite all I could say, all the comfort I could give the affected ones, father, mother, the engaged couple—are dominated by prevailing ideas and particularly those pertaining to the dreaded disease, because of its contagious nature.

Now, in the first place, as we all must know, pulmonary tuberculosis is only contagious, practically, to the relatively few susceptible ones, and even to these under variable conditions. If the future victim is very suseeptible, he may take the disease, or rather develop it, no matter how great or how minute and broad our precautionary methods may be; if he be only moderately susceptible, he will probably not take the disease unless the exposure is exceptional and prolonged—in so far as proximity and time are eoneerned.

Must we, in view of the foregoing, lay down hard and fast rules whieh govern the lines of all the affected ones and in my judgment eause a great deal of unnecessary distress?

Again, and aeeording to the very latest investigations, the microseope does not absolutely determine either the diagnosis

or prognosis of the tubercular bacillus. Its morphology indeed varies somewhat; so does its reaction to certain chemical agents which is perhaps more important; so does its power to carry infection to others, as may be shown by inoculation to animals, especially the guinea pig—most important determination of all. And yet this requires a well appointed laboratory and a month's waiting to reach an absolute conclusion at the present time.

Aside from the tubercle bacillus and no matter whether found or not, I would counsel my patient referred to above, in practically the same way, so far as the regaining of his health and the protection of his beloved ones is concerned. I would not, however, handicap him from the start with an exaggerated and possibly untrue notion in regard to the transport of the contagion, when to say the least, in some instances, it is more than doubtful how it is carried, and when and where.

Many years ago, I was attending physician to the heart, lung and throat class of a large dispensary of one of the great hospitals of New York City. I served there during thirteen years, and during that time had several able, conscientious assistants. During that same period the little room in which we were often crowded and for hours at a time, three times a week, was rarely, if ever, thoroughly renovated, or even disinfected and cleaned. I am not aware, however, that I or any one of the other physicians took pulmonary tuberculosis from our professional work. One of my assistants is now a distinguished professor of clinical medicine in one of our New York medical colleges and attending physician to two of our largest city hospitals. He, I am sure, would testify to the absolute truth of the statement I have just made. Moreover, it is not, in my opinion, proven that the cures of pulmonary tuberculosis are now, even with multiplied sanatoria everywhere, much, if at all, increased over what formerly existed. And it is certainly true that very many relapses and even deaths occur after sanatorium treatment. Apply therefore, the lavish expenditure of money necessary for the support of the sanatoria to improve the living conditions among the poorer classes and in that way eradicate the disease. That's my best judgment.

Further, consider what really exists—in our public schools especially. Very many of the pupils already have incipient, if not advanced, pulmonary tuberculosis, yet they all, or most of them, play in our streets and travel in our cars—disseminating in many instances in this way tuberculosis, through infected dust from sputa which permeates everywhere.

What I have written about tuberculosis I might write in

a somewhat different way of more than one virulent, microbic disease—notably diphtheria. Numerous errors have been made and even now are being made in regard to the precise value of the Loffler bacillus in its power to carry disease, depending after all upon the personal equation, which is ever different, the conditions of exposure and the unknown, but most important, particular susceptibility at a given time, which may be passing or more or less prolonged.

In my early professional life I was house physician in a children's hospital in Paris, with charge of a diphtheria ward. I saw the most virulent cases during a period of over six months. During that time I was poorly fed and over-worked, and passed many hours, day and night, in the ward and received more than one direct inoculation because of the thirty tracheotomies which I performed in my term of service and yet escaped the disease. Several years later, in New York City, when taking care of a relatively mild case of diphtheria, and when well fed and not over-burdened with work and living in healthy, ambient conditions, I contracted the disease and would have died except for an all-wise providence and excellent care from the late Dr. Andrew H. Smith.

Can we avoid or prevent contagious disease beyond a very limited degree? In my humble belief we cannot. Not that we may not and probably do avoid it by all sorts of precautionary measures at times, often excessive to the point of foolishness. But even then we have avoided possibly disease in a very mild, almost innocent epidemic; and later we will take it, no matter what our great and ceaseless precautions have been.

Epidemics vary and so does individual susceptibility; with atmospheric, or other ambient conditions, or indeed habits perhaps, of the individual—and really we know little more and have only equal and still imperfect control of them with what we enjoyed years, not to say decades, periods, centuries, ago.

It is true still of scarlet fever, measles, influenza and perhaps others still. When it comes to smallpox we have, for which we should be everlastingly thankful, a specific in vaccination and in diphtheria we have a great and wonderful help many, many times, but by no means infallible.

Now, then, what do I wish to insist upon? Surely not upon ignorant, senseless laissez aller. If I did so I would be most derelict and prove false to my teaching and to the daily, hourly knowledge which comes from our great health board and from our most admirable health officer of the port of New York. But these latter are telling us all the while, don't be

afraid of certain things; time honored though they be, like the transmission of disease through fomites; don't believe that pulmonary tubereulosis is any more contagious than it ever was, and don't believe that the tuberele baeillus about whieh we know even now only imperfectly, is such a frightful little bug after all. It wants, when it is visible, merely to tell us to be rational, simple minded and simple aeting, as the late Prof. Austin Flint, of revered memory, told us over thirty years ago: go to the eountry for a while, rest, eat good food and take moderate exercise, and help yourself with appropriate medieation, and the disease will frequently disappear beeause of self-limitation. Meanwhile, let humanity rule now and always. Let our brother and our sister in trouble be really and truly a brother and sister to us, and let us do as we would be done by, and if thus the golden rule is practieally adhered to, there will in the long run be no more disease than now, with all our over-estimated, preeautionary measures.

I would add one thing and only one, and do so, beeause of its immense importanee. Vaecination should be absolutely obligatory. A senseless segregation and quarantine would then be unneeessary, just as the Japanese and Germans have shown —because there would be no people to take smallpox and the disease would eease to exist. "What fools these mortals be!" —Editorial in New York State Journal of Medicine.

SOCIETY CALENDAR

National Ecleetie Medical Association meets in San Franciseo June, 1915. W. P. Best, M. D., Indianapolis, Ind., Seeretary.

Eeleetie Medical Soeiety of the State of California meets in San Franeiseo May, 1915. A. J. Atkins, M. D., San Franeiseo, President; H. F. Seudder, M. D., Los Angeles, Seeretary.

Southern California Eelectic Medieal Association meets in Los Angeles, May 5, 1915, O. C. Darling, M. D., Riverside, President; H. C. Smith, M. D., Los Angeles, Secretary.

Los Angeles County Ecleetic Medical Soeiety meets at 8 p. m. on the first Tuesday of eaeh month. H. T. Cox, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

OUR STATE MEETING BANQUET

It has been our custom to have a banquet in connection with the annual meeting of our State Society. The last one was especially enjoyable, and through the kindness of "one of those present" we are enabled to give our readers the following detailed account of the affair.

We trust that the reader will enjoy it so much that he will immediately resolve to attend next year.

The Annual Banquet of the Eclectic Medical Society of the State of California was held in the red room of the Palace Hotel on May 27, 1914.

This was by far the most elaborate banquet the Society has yet given and was carried out in perfect form, with a sumptuous repast and beautiful souvenir programs, containing the menu, names of the officers of the evening and the subjects of the toasts.

When the wants of the inner man were appeased then began the real feast of the evening, for the wit, sentiment and eloquence expressed on this occasion will long dwell in the memory of those fortunate enough to be present.

Dr. C. N. Miller, the brainy toastmaster, first asked President Liftchild for a few remarks and the following will enable the reader to fully appreciate those remarks:

Ladies and Gentlemen: You will pardon me, I hope, if instead of the usual extemporaneous remarks, I read a few pages from my forthcoming book on the different schools of medicine. Possibly these prosaic excerpts may be hardly appropriate at a meeting where wit and humor are expected to while away the hour; but I realize my inability to compete with the humorists and jokesmiths who are present this evening and will therefore studiously avoid trying to be funny. With this preliminary I shall plunge into my topic without further preface.

Allopathy was discovered by Hippocrates, the gentleman who invented the Hippocratic Oath. For many centuries Allopathy had a monopoly of the healing business, but of late years many prefer to sidestep it and die a natural death. The history of this school of medicine is chiefly remarkable from the fact that the human race has continued to increase in spite of the conscientious efforts of its disciples. The theory which it adopted was that two bodies could not occupy the same space at the same time, and if you filled the patient with enough drugs there would be no room left for the disease.

The curriculum of an Allopathic college is divided into a

four years' course, three being devoted to diagnosis and the fourth to pathology. The knowledge derived from the instructions of the first three years assists the practitioner in guessing at the nature of the disease and the pathology enables him to post mortem the patient and discover what he really died of, which is a great satisfaction to the relatives of the deceased. When an Allopathic physician finds that he cannot cure a diseased organ, he does not wait for nature to cure the patient as the Christian Scientist does, but proceeds to cut it out. This accomplishes two results—prevents the patient going to someone else to be cured and fattens the medico's bank account, the latter being the more important consideration. One of the beautiful inconsistencies of this school consists in their having no faith in materia medica, while they damn the Christian Scientist for holding identical views.

Hahneman, the founder of the Homeopathic school of medicine, probably came the nearest to achieving that sublime faith mentioned in the bible which, when exercised, can remove mountains. He evolved the remarkable theory that medicines become more powerful for curative purposes the more they are diluted. The more alcohol or sugar of milk added to a drug, the more potent the resulting compound. Acting on this theory of dilution, Hahneman kept using less and less drugs and more and more alcohol until, near the end of his life, he was prescribing medicines in the three hundredth dilution. One grain of medicine, when he got through diluting it, would be represented mathematically by an army of ciphers that have more the appearance of a tape worm than a mathematical deduction, as it would take about sixteen inches of paper to reproduce it. One could have eaten the entire stock of a half dozen homeopathic drug stores and been none the worse for it. Hahneman, whose full name was Christian Fredrich Samuel Hahneman, may have been inspired to originate his famous theory by a contemplation of his own polysyllabic appellation and concluded that the idea of diluting one's name with many letters could be adopted in medicine and therefore began to dilute his medicines.

His followers, apparently afraid they may get their drugs too powerful if they follow the illustrious founder closely and add too much of the diluent, seldom go above the thirtieth decimal dilution. The main difference between the Hahneman method and the school it tried to displace was that in one case the patient got well without medicine and in the other in spite of it.

Eclecticism was evolved as a protest against the homicidal practice of the last century and aimed to make the patient feel just as uncomfortable without killing him. It was discovered that lobelia would take the place of calomel and after it had started on its campaign there would be nothing removable remaining on the premises, even the political and religious opinions of the patient having been eliminated.

Podophyllum was usually selected as running mate to lobelia and while the latter work on Dan, the former overwhelmed Bersheba, there usually being nothing left in the human sewerage system but the mucous membrane and frequently but little of that.

The strenuous efforts of the founders of the school have given place to methods which are less spectacular, if possibly less efficacious, this being an aesthetic age and the color and taste of the medicine having to meet the approval of the fastidious patient. An idea as to the practice in vogue at the present day might be conveyed in the following rhyme, which is submitted with an apology to Mark Twain, there being no intention of plagiarising from his immortal ode to the conductor.

"Give, give, give with care,
Give in the presence of the sufferare
A ten-drop dose in a four-ounce vial,
Looking learned all the while;
Give, give with specific care,
Give in the presence of the sufferare."

The symbol of the school bears a striking resemblance to the feeding cups in use in hospitals, but is supposed to represent a Greek lamp. As a Greek lamp gives about as much light as a stable lantern, it would be wise to modernize it by replacing it with an electric searchlight.

Osteopathy came into existence about the time that John L. Sullivan was champion of the world and was an adaptation of his fistic methods to the art of healing. Heretofore, Osteopathy had been utilized only in cases where patients refused to pay their bills. The punching bag was evolved after the patrons of the prize ring had witnessed the early osteopaths in their manipulations of their patients. The idea that the Osteopath intentionally dislocates limbs and fractures bones is erroneous, as this is simply an incidental result of the treatments and the operator always apologizes when anything like this occurs.

Jui jitsu is an improvement upon Osteopathy and is less dangerous to the patient.

The latest departure in medicine is the use of serums and vaccines, which bids fair to drive the old-fashioned methods from the field. The system consists in filling the patient full of bacteria, he frequently becoming a miniature Noah's ark after an injection of several billions of mixed bacteria. The idea is founded upon the well known principal that the hair of the dog will cure the bite. One drawback to this method of cure is that the poor unfortunate microbe is killed before starting him on his tour of the human body and to sensitive and humane persons this ruthless destruction of countless innocent and inoffending miero organisms seems cruel and blood thirsty. If the anti-vivisectionist shudders at the killing of a few dogs and guinea pigs he should have a congestive chill at the contemplation of the holocaust that takes place to supply one injection of any of the serums. But this is nothing compared to the countless billions of live, kicking bacteria in the human body, destroyed by the invasion of the carcasses of their deceased brethren; and I look to see the foundation of a society for the prevention of cruelty to microbes in the near future. The simplicity of the system is its greatest charm, as one has only to find the miero organism responsible for a particular disease, seize it, cut its throat and throw it back among its sisters and its cousins and its aunts and they promptly turn up their toes and the patient is well.

They are curing men of being lazy and as a microbe seems to be at the root of all evil there is no reason why the system should be restricted to the domain of physical ailments alone. It does not take a great stretch of the imagination to anticipate its use by the preacher of the future when the germs that cause a man to run amuck through the ten commandments are discovered.

I will close my remarks by calling your attention to an interesting case which came to my attention a few days ago.

In looking over the biography of John D. Rockefeller, I notice that his boyhood was uneventful, except that in his tenth year he swallowed a silver quarter. The author does not go into particulars, but concludes with the statement that "for forty-eight hours the parents were in pained suspense as to the probable outcome." One would have thought that it would have been the youthful Rockefeller himself who was in "pained suspense." The outcome was favorable, evidently, but since that date it has taken more than a dose of medicine to separate

John D. from his quarters. One can, with a little imagination, conjure up the scene: John D. tearful, on account of the loss of the quarter, and with misgivings as to the possibility of having the surgeons wading around with rubber boots in his insides, looking for that quarter; the fond parents apprehensive and agitated over the predicament of their precocious offspring; the physicians hurrying with the stomach pump and black-draught; the coroner perusing the latest bulletins from the sick room and wondering if he was going to get a job. One sees it all in his mind's eye, and the finale, when Rockefeller Senior, the danger past, remonstrates with his offspring in the woodshed over the false economy of using one's stomach for a pocketbook.

Since that time John D. has enjoyed the distinction of never having been broke. No matter what the financial straits of those early days, he always had that quarter. Somewhere, tucked away in his ileum or duodenum, in close proximity to his sweetbread and within whispering distance of his solar plexus nestles that quarter. At night the great financier takes out his pencil and figures out the interest he has lost on that twenty-five cents, but consoles himself with the reflection that, no matter what the financial conditions may be, his bank, though it has had many a run on it, will never bust.

The beloved Dr. Munk responded to the toast, "Our College," in a most practical manner, telling of the progress and prosperity of the institution. In his ever pleasing manner Dr. O. C. Welbourn responded to "Our Journal." "The Alumni Association," by Dr. W. A. Harvey, recalled the many years of the association and its relation to the College, State Society and Eclecticism in general. Dr. C. N. Miller then gave the beautiful toast which follows:

"The Ladies"

Mr. Toastmaster, Fellow Doctors and Friends: My subject, the ladies, is one of which, to which and by which much may be said. It is a subject that is always new, for ladies never grow old. It is an engaging subject—sooner or later they all become engaged. It is, in fact, a subject that lies very close to men's hearts; and yet, notwithstanding all this, it is a ticklish subject to deal with.

Mother, sister, sweetheart, wife—four of the dearest words on mortal tongue—words that exhale the very essence of life; they shall serve as our text.

Among the ladies of our earliest acquaintance comes one whom we call mother—radiant halos glorify form and feature!

What ean we reeite in eulogy of mother? What tongue ean speak the language of the heart? To undertake to show forth in set speech the perfeetions of mother were like trying to delineate in words the beauty of the lily, or deseribe the fragranee of the rose, or depiet the gentleness of the dove. Mother! how prone we were to reeline aeross her knee, and sometimes how pronely we were reelined aeross her knee. That man is by fortune greatly favored who has had a spanking good mother. With pleasure he can reeall the joys of his ehildhood. As his mind reverts posteriorly, there arises a vivid recollection of having frequently borne about coneealed but warm and tender evidenees of motherly handiwork. But merriment aside, saered indeed are the memories that eluster around the name of mother—beautifully expressed in the verses by Elizabeth Akers:

Baekward, turn baekward, O time, in your flight,
Make me a ehild again just for tonight!
Mother, eome baek from the eeholess shore,
Take me again to your heart as of yore;
Kiss from my forehead the furrows of care,
Smooth the few silver threads out of my hair;
Over my slumbers your loving watch keep—
Roek me to sleep, mother—roek me to sleep!
Over my heart, in the days that are flown,
No love like mother-love ever has shone;
No other worship abides and endures—
Faithful, unselfish, and patient like hers;
None like a mother ean eharm away pain
From the siek soul and the world-weary brain.
Come from the silenee so long and so deep—
Roek me to sleep, mother, roek me to sleep!
Ah, there is no eeho!

And who shall sing the praises of sister, loving, self-saerifieing sister? I fear that oftentimes her kind offiees and gentle ministrations are given but seant reeognition. She is taken for granted. Like the measles, she is regarded as something we are expeeted to have. But in that great day when the clearing house of the ages opens up for business, few will be found to have a larger eredit of good deeds to their aecount than our sisters. Let the sisters not have to wait too long to come in to their own.

I onee saw a pieture of a man walking between two ladies, one his sister, the other some other fellow's sister. It was rain-

ing, he carried the umbrella—well, it was a bad day for the feathers on sister's hat.

Ah, that other fellow's sister! With what assurance she calls a halt in all our plans. How calmly she steps across the young man's path and says, "Come hither, lad, I am the way."

We call her sweetheart; but sometimes, when she's all sugar and she's candy, and even tongues speak sweetly, then we call her "Tootsie Wootsie." Oh, yes, "A fool there was and he had a best girl, even as you and I, Matilda."

How exactly you could locate every nerve terminal, and how vividly you could sense the crinkly windings of vein and artery when you first became interested in an other fellow's sister, and was gently given to understand that the interest was mutual.

From the time when the beautiful Helen eloped with Paris, the dude, and involved all Greece in war with Troy, to the present moment, the sweetheart has ruled the world. She has been the incentive and inspiration to all valorous deeds and all great undertakings. Thus may it ever be. Do not open the eyes of the little blind god. Let him be given a few elementary lessons in eugenics, then let him remain as now, blind as a bat, but in all affairs of the heart omnipotent and supreme, world without end.

It is biblical history that Eve was created from a rib that was taken from the side of Adam—a sort of spareribs. That doubtless explains why woman is never more contented than when she is at man's side—then she is at home.

Woman is man's helpmate, and he needs her help when struggling upward, when he is determined on going down he needs no assistance, the devil puts soap on the stairs.

The husband and wife who can work together in harmony —shall we say a blonde and a brunette?—well, anyway, the man and wife between whom there is a genial magnetic attraction and who can supplement each other in ambition, desire and action, who can sink thoughts of self in earnest effort for mutual good and can each find pleasure in the happiness of the other, such a couple are, indeed, one flesh, and their lives are the most complete and satisfactory granted to mortals here below. Whatever their lot, wherever their home, they will make of it a paradise regained. That is a union that is co-operative, its members work for each other and so need never go out on a strike.

We have friends in health and when we have wealth,
Friends when we smile and are happy,

But here's to the one who your sorrows will share,
Who will stand by your side in trouble,
A faithful ally in the warfare of life,
The best of all friends for a man—his wife.

The toastmaster called on the different ones present for an impromptu toast, a story or a song. Dr. Carl Murray spoke of "A Quarter Century of Eclecticism and Does It Pay?" and informed us, in forceful, able, eloquent language, that it does pay, not financially alone, but in its application and results to the sick. Dr. A. J. Atkins' response, "The Doctor," was fully appreciated, and is here quoted:

"The Doctor"

Here's to the real doctor, worthy of the name, who does his duty every hour, for there is no eight-hour law for him, in fact he is above law. A baby may be born at any time, and his duty is to usher in that soul from somewhere, and the next hour stand in the chamber of death and bid farewell forevermore to some departing friend. When you are born the real doctor is the first to welcome you into this gloomy world; when you die that same doctor is still your friend when all other cults and practitioners run away. Sometimes it's hell to be a real doctor, at others it is heaven, but the test is that only a true man in spirit can really be a doctor.

The Society had the pleasure of Dr. Marquis, as one of the guests of the banquet, who quoted a beautiful little poem, protraying the life of the doctor. Dr. Riley of Alameda cordially invited the State Society to convene in Oakland next year, assuring the Society splendid accommodations and a hearty reception. Dr. Barbriek told us how glad he was to be in America again after his extensive tour of Europe. In a few well chosen words, Dr. Temple toasted "Our Mothers." The levity of the evening was furnished by the witty and humorous stories of Dr. Cheeney, Mrs. Clark and Mrs. Hunsaker.

Dr. Greenwell discoursed at length on the "Progress of Eclecticism and Its Future Possibilities." The brief remarks of Dr. J. B. Mitchell, who spoke of the absent ones and their efforts in behalf of the College were heartily received, as were also the remarks of Dr. Brown, who has "troubles" of his own this year. The brief toasts of Drs. Haskell, Scudder and Hunsaker were each well received.

Everyone present took an active part in the program, and the singing of familiar and popular songs, in which all heartily

joined, interspersed the toasts, thus preventing a dull moment during the entire evening.

One of the many songs sung was the following, composed by Dr. C. N. Miller, especially for this occasion:

"The Old Doctor" (Uncle Ned)

There was an old Doctor, but they only called him Doc,
He was always on the go, on the go.
He had a lot of sense in his old shiny block,
For it held exactly all there is to know.

Chorus—
He could tell a fiddle from the bow,
He could rustle, rustle for the dough.
There wasn't any rest for the poor old Doc,
He was always on the go, on the go.

This wise old Doctor went to make a morning call,
But he stayed and he stayed till tea,
You think a pair of twins, but you haven't got them all,
For they counted up to one, two, three.

When the poor old Doctor had a hurry call to die,
He was pulling on his boots then to go,
He opened out his wings, he was ready for to fly,
He was always on the go, on the go.

The last hours were given over to dancing, and it was with reluctance that goodnight was finally said and the annual banquet became but a happy memory.

COLLEGE NOTES

Herbert T. Cox, M. D.

On Tuesday evening, June the seeond, the trustees gave a banquet to the faculty and graduating elass of the College. The affair was held at the Sierra Madre Club, and the service and menu was exeellent. Our gracious President, Dr. O. C. Welbourn, ably fulfilled the duties of toastmaster, and suceeeded in rupturing that formality whieh so often surrounds sueh oeeasions. Eaeh one present was ealled upon to say his word or do his stunt, often much to the amusement of the rest, but he also had the pleasure of laughing at some one else. Everybody had a good time and deelared the occasion a fitting climax to another year's hard work together.

The thirty-fifth annual eommeneement of the C. E. M. C. oeeurred at Blanchard Hall Wednesday evening, June third, at 8 o'eloek. At that time fourteen received the degree of Doetor of Medieine, whieh is the largest elass to graduate sinee the College was removed to Los Angeles. A erowded hall testified to the interest in the exereises shown by the friends of the graduates and of the College. The address of the evening was by Thomas Newlin, president of Whittier College, and was a very interesting and seholarly address, fitting for the oeeasion, in whieh he praised the prineiples of Eelecticism and offered some good suggestions to the graduating elass. The program was as follows:

Music—March, "Spirit of Independenee" ..... Halzmann
Invocation ..... Rev. Wm. Carey Bailey
Music—Serenade ..... Drigo
Dean's report ..... J. A. Munk, M. D.
Dean
Music—Waltz, "Isle D'Amour" ..... Edwards
Conferring Degrees ..... O. C. Welbourn, A. M., M. D.
President Board of Trustees
Music—Trio, "Perfeet Day" ..... Bond
Address ..... Thomas Newlin
President Whittier College
Music—"Melodie" ..... Friml
Benediction ..... Rev. Wm. Carey Bailey
Music—March ..... Yale Boola
Miss Longeneeker's Orchestra

After the program those who wished stayed and enjoyed an hour's daneing. The musie for the occasion was fine and was enjoyed by all.

H. R. Evans, M. D., graduate of C. E. M. C., 1913, and his wife were down from Visalia to attend the graduating exercises. Both are looking fine and dandy.

Dr. A. Goff, M. D., a graduate of C. E. M. C., 1913, has gone to Healdsburg, where she has a position in a sanatorium, and is doing well.

The new announcement is out for the term of 1914-15, and shows some changes in the faculty, and the addition of several instructors in the various branches. Now is the time to sit down and write to Dr. H. Ford Scudder, 337½ South Hill street for a new announcement and begin looking for students, also send the names of any prospective medical students with good education to Dr. Scudder and let him communicate with them. We look forward to a good year again next year and are planning to increase the efficiency of several departments. More will be said about this in the next Journal. Meanwhile get busy for the college, and do your part.

NEWS ITEMS

The National Eclectic Medical Society will meet in San Francisco in 1915, according to telegraphic communications.

Dr. H. R. Evans, C. E. M. C., 1913, was granted reciprocity at the June meeting of the State Board of Examiners. Dr. Evans will open an office for the practice of medicine at the corner of Euclid and Stephenson Avenues, Los Angeles, about July first.

Dr. Stewart, Kenesaw, Nebraska, has been spending the month of June in the vicinity of Los Angeles. The doctor was accompanied by Mrs. Stewart and was here for pleasure and to consult with local physicians over a former patient of his.

Those who are graduates of the "old E. M. I." will be interested in knowing that Prof. Lloyd has just published a series of portraits of "The Old Seven." He says: "I wish to present a set of these portraits to each student and graduate of the 'Old Institute' and each friend as well, and will gladly (as long as the prints last) mail a set to each name and address given me."

"We are glad to note that Harvard Medical School has dropped some of its provincial requirements. Under a new rule it will allow a student to enter the medical school after two years in college." For a number of years Harvard has required four years' college work for entrance to the Medical School.

Dr. H. Ford Scudder, the college registrar, is busy preparing for next year. He is very anxious to get the names of any one contemplating the study of medicine. If you know of any one, write him.

Mr. Samuel J. Platt, for many years with the Abbott Alkaloidal Company, has severed his connection with that firm. Mr. Platt is now engaged in business for himself in Oakland, manufacturing a complete line of ethical pharmaceuticals for physicians' use only.

Dr. E. R. Petskey, who has been located in Diamond City, Alberta, Canada, is visiting relatives in Long Beach.

Dr. J. E. Price, Big Pine, Cal., is a probation officer and was in the city recently on business connected with that position.

Dr. U. N. Mellette, Holdenville, Okla., has decided to retire and have a good rest while he is well and strong—therefore desires to sell.

Dr. W. E. Smith, a graduate of St. Louis Eclectic School more than twenty years ago, took the oral examination before the Medical Board, was passed, and will locate in Whittier, Cal.

Dr. D. A. Stephens, Cairo, Illinois, a former graduate of Bennett, who has been spending the last year in California, appeared before the Medical Board, was granted a license on reciprocity, and will locate in the Imperial Valley.

Dr. W. W. Wimer, Honey Grove, Texas, is visiting in Los Angeles and thinking of locating here. Dr. Wimer met the Board some years ago, although he says he remembers the encounter he obtained his license, so has no hard feelings.

Dr. Phillips, from Kansas City and a graduate of the Eclectic College of that place, was granted a license on reciprocity at the June meeting of the Medical Board.

Dr. T. C. Schneerer, from Ohio, a graduate of E. M. I., 1913, was granted reciprocity at the June meeting of the Medical Board, and will open an office in the Ferguson Building, Third and Hill streets, Los Angeles.

At the June meeting of the Board of Medical Examiners a resolution was passed admitting all graduate osteopaths to take the examination for license for drugless healing.

Dr. C. N. Mosher, a graduate of the E. M. I., 1890, passed the oral examination before the Medical Board and has returned to his home in Kinsley, Kansas, where he will dispose of certain interests and return to California to locate in Santa Ana.

The Board of Medieal Examiners met in Los Angeles during the third week in June. The next examination will be held in San Francisco beginning July 14th. There will be no more examinations until Deeember in Los Angeles.

Dr. Ward B. MeMaekin, Washougal, Washington, presented his eredentials to the Board of Medical Examiners at the June meeting, and was granted a lieense on reciproeity. Dr. MeMaekin returned to Washington at onee, where he will dispose of his interests as quiekly as possible and will then loeate in the vicinity of Los Angeles. Dr. MeMaekin graduated from the E. M. I. in 1903.

The Eeleeties of California, espeeially of Southern California, are elated to weleome seven new Eeleeties to their midst, and they will furnish additional strength to the California Eclectic Medieal College because these doctors have all had more or less experienee. These seven gained their lieenses either by passing oral examinations or were granted reciproeity on the presentation of their eredentials. There was a goodly number of Eeleeties, all reeent graduates who took the written examinations but the result of these examinations will not be known until the early part of July. The examinations were very thorough and those passing them will prove to be of exeeptional ability.

DR. A. J. ATKINS
SAN FRANCISCO

PRESIDENT OF ECLECTIC MEDICAL
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Original Contributions

PRESIDENT'S ADDRESS

Judson Liftchild, M. D., Ukiah, Cal.

Read before the California Eclectic Medical Society

Fellows of the Eclectic Medical Society: In opening this session it gives me pleasure to see so many of the old familiar faces and to renew the friendships, some of which have extended back for twenty-five years and are enriched by many pleasant memories.

We are glad to welcome the new members, but there are no friends like the old friends, and while time has wrought changes and silvered many a head, it cannot touch the heart which remains young, no matter what the weight of years. Reflections such as these remind us of the aphorism of Hippocrates, "Life is short and art long," for of those who attended the first session of the society, forty-one years ago, how many are present? Each generation adds a little to the sum total of the world's knowledge and then sinks into oblivion, a subject for the sentimentalist to mourn and moralize over. The vast majority of us will soon be as absolutely forgotten as the coral insects, which live their little day, serve the purpose of their existence and perish; but if each of us will add a little to the sum total of knowledge, as the zoophyte in the building of the islands of the sea, we will not have lived in vain.

One of the objects of our meeting is to discuss the progress that has been made in our profession in the past year, and to see that permanent record is made of the advances that look as if they may stand the test of time. While we hail the newer discoveries and are willing to give them an opportunity to make good, we must be conservative in our progress. "prove all things, hold fast that which is good." Medical science has

made itself ridiculous, time and again, by its headlong acceptance of specious theories, and it is well for us to have a few conservatives to save us from intemperate haste in the acceptance of half-baked theories, and who have no sentiment about drowning a sackful of medical pups when the occasion demands.

To the superficial observer, the practice of medicine, in its centuries of empiricism, followed by its sudden development into a real science in the last half century, does not resemble in its growth the pine or oak, whose rings reveal to us the history of their regular development, but rather the century plant, which after years of unfruitfulness suddenly bursts forth into full blossom.

They forget the centuries of patient study and investigation required to lay the foundations upon which we have builded, and that the labors of the fathers pioneered the way for the marvelous achievements of the present day. The remarkable advances of this generation is the harvest which we are permitted to gather, and it would be injustice to those who have borne the labor and heat of the day and sown that we might reap, to ignore their labors. Progress in medicine has kept stride with that in other fields of science, and it has not been so much the men as the opportunity which has resulted in the flood of light which has been cast on physiology, pathology and chemistry in this latter day. As improvement in the telescope has made possible the development of modern astronomy, so in the domain of medical science has the perfection of the microscope resulted in discoveries which have revolutionized, and one may almost say, recreated it. In the short span of my medical life I have seen a revolution worked in the science of medicine by bacteriology; surgery bringing back the age of miracles, and other branches of medicine developing almost in the same ratio, progress being so rapid that books are no sooner off the press than they have become obsolete from the accumulation of facts developed while they were in the writing.

This renaissance has come since the birth of the newer systems of medicine, Homeopathy and Eclecticism, and while I am not arrogating to these schools all the credit for the progress made since that time, their influence in liberalizing the old school and breaking down the Chinese wall of prejudice and conservatism which was preventing advancement can hardly be overestimated. It is but natural that we take pride in the pioneers of our school, whose sole aim was truth, and who cut loose from tradition, noble old iconoclasts that they were, and developed medicine along rational lines. Let us

be animated by their spirit and not be satisfied with present achievements, for as yet we are but upon the threshold of medical knowledge, and the future will bring developments even greater than those of the present.

I have purposely omitted mention of the work of this Society during the past year, leaving the historical, financial and other matters of a kindred nature to be presented by the secretary, who is far better qualified than I am to discuss them, and desire to dwell upon the broader field of Eclectic endeavor and upon the imperative need of our continued development and progress, if we are to continue to live up to the principles of Eclecticism. We must not be satisfied with present achievement but press on to greater successes, for while it is advisable to exercise a wise conservatism we must adapt ourselves to the changing conditions of science and live up to the name "Eclectic." If this brings us closer to other schools of medicine there is no occasion for alarm, as the pursuit of truth will inevitably result in our pursuing parallel courses. While it has been given us to develop the knowledge of the virtues of our indigenous plants and their specific uses, we are broadening and developing a Catholic spirit, suited to this liberal era, and carry with us no Procrustean bed on which to measure new ideas, but welcome them in the spirit of liberality, which has ever been our inspiration.

The practice of medicine has greatly changed in its ethical aspect, and in keeping with the age has become commercialized to a degree that places it in marked contrast to the practice of a generation ago. While it has gained in effectiveness it has lost in dignity, and the high ideals that animated the old school of professional men are lacking in many of the present day physicians. It is possible that the keener competition of the present time is responsible for the lowering of professional standards, but whatever the cause it is something to be regretted. Whatever the faults of the past generation of medicos, they aimed to give value received for their services, and did not stoop to the petty larceny practice so prevalent at the present time. Perhaps I am asking too much of one class of men when everyone seems to be animated by the "get-rich-quick" spirit of the time. When we are squeezed and robbed by the corporations, and when landlord and merchant seem to be leagued together to take everything in sight, it is only natural that the doctor should adopt similar methods of self-defense. I would not set back the wheels of time a single revolution, but if it were possible to restore the ethics of the fathers the medical profession would gain in dignity and respect.

No profession is more noble than that which seeks to alleviate the sufferings of humanity, and the physician standing in front of the stricken patient battling with disease, is as heroic a figure as St. George fighting with the fiery dragon. Let the physician live up to the dignity and honor of his high calling, look upon his work as a profession and not a mere business, catch the inspiration of that elder time, when a physician's professional honor stood before everything, and his noble calling will command the respect which is its due.

It may seem as if I have been too general in my remarks, and should have touched upon questions more vital to the Eelectic school itself, but I have intentionally kept upon higher ground. There is no reason for eternally carrying around a chip on one's shoulder, and the spirit of narrowness manifested by some of our schools only tends to cheapen us and prevents our advancement. While I have myself taken my fling at the A. M. A. and criticised its methods, and may do so again, there is no need of always ringing the alarm bell and waving the bloody shirt, and it is time enough to fight when there is something to fight about. At the present time, we are fairly well satisfied with legislative conditions, and have our committee with their eyes on affairs, and there is no need of keeping on a war footing in the time of peace.

Let every Eclectic enroll himself in the State and National Association and local associations, help along the College which is turning out men to take our places, subscribe for the Journal, which will keep him in touch with his fellow members, and the situation will take care of itself.

Our school has performed a service for humanity in the past, and its work is not yet finished. The time may be coming when the lion will lie down with the lamb, but it is yet afar off, as the only manner in which it could be accomplished at the present time is for the lamb to occupy the rather uncomfortable position as illustrated by the maritime adventures of the prophet Jonah, i. e., inside. However, this should not prevent us assuming a conciliatory attitude, as a large number of the dominant school are broad-minded and liberal men, who are not responsible for the actions of the A. M. A. I would, therefore, counsel a wise moderation, but an unsleeping vigilance, and a co-operation with the other liberal schools of medicine which has proven so successful in the past. The position which I would advise might be termed that of "watchful waiting," although it might be advisable to carry a big stick, as there have been times in the past when it came in handy.

DRUGS ACTING UPON THE URINARY SYSTEM

H. C. Smith, M. D.

Read before Los Angeles County Eclectic Medical Society

Raise Arterial Pressure

- **Generally**
  - Increased Cardiac Action or Power
    - Digitalis
    - Caffeine
    - Alcohol
    - Strophanthus
    - Apocynum
  - General Vascular Contraction
    - Apocynum
    - Digitalis
    - Squill
    - Convallaria
    - Strychnine
- **Locally in Kidney** — Contract Efferent Vessels
  - Act on Vasomotor Centers
    - Probably all of above except Strophanthus
  - Act Locally on Kidney
    - Scoparius
    - Caffeine
    - Buchu
    - Uva Ursi
    - Juniper
    - Turpentine
    - Copaiba
    - Cantharides
    - Apocynum
    - Strophanthus

Dilate, chiefly locally, Renal Vessels

- Caffeine, Alcohol (Secondary action)

Dilate Vessels, both locally and generally (Particularly in febrile states)

- Aconite
- Veratrum
- Gelsemium

Acting on Secreting Nerves or Renal Cells

- Increase Water Excreted
  - Apis
  - Triticum
  - Caffeine
  - Calomel
- Increase Water and Solids Excreted
  - Colchicum
  - Pot. Citrate, Acetate and Nitrate
  - Sod. Citrate and Nitrate

Acting on the Nervous System and Relieving Muscular Spasm

- Gelsemium
- Hyoscyamus
- Cannabis (also affects sensation)
- Bromides

Acting on the Sexual Glands, Relieving Nervous Irritation

- Pulsatilla
- Saw Palmetto
- Staphysagria

Acting on the Digestive Apparatus and Increasing the Amount of Solids Excreted

- Hydrangea
- Epigea
- Uva Ursi
- Nitric Acid
- Hydrochloric Acid
- Chionanthus
- Brisk Catharsis

This list, adapted from Wilcox, does not include all the remedies that influence the kidneys and other parts of the urinary apparatus, but does include those of importance as remedial measures. Many of these act in various ways: c. g., apocynum and digitalis act upon the vasomotor center, the vagus, the heart-muscle, and the arterioles generally, as well as locally in the kidney. The predominating action of apocynum is upon the vasomotors, that of digitalis upon the heart, but the water-soluble principles of digitalis have an especially marked local action upon the renal vessels.

Alcohol and caffeine act primarily by whipping up the circulation, secondarily by dilating the renal vessels, and their action is to increase the amount of water excreted. Strophanthus increases cardiac power, increases the tone of all muscle to some extent, and acts locally on the kidney.

Hydrangea, epigea, buchu, uva ursi and the mineral acids increase digestion and oxidation, and all but the acids are eliminated through the kidneys and give tone to the urinary tract. Rhus aromatica is a tonic astringent to both intestinal and urinary tracts. Calomel may, by its action upon the gastro-intestinal tract, increase the nitrogenous output, and, after absorption, being excreted by the kidney, exert its characteristic action upon the epithelium of that organ and increase the amount of water, and to some extent the solids, excreted.

Cantharides, copaiba, juniper and turpentine are eliminated through the kidneys, acting as irritants; and the irritant effect of cantharides in particular extends to the nerve-endings, often producing congestion, and sometimes inflammation, of the genito-urinary apparatus.

Triticum, cornsilk, santal oil and some others act as demulcents, soothing the tract: triticum in particular very materially increases the amount of urine, and is one of the best, if not the very best, remedies we have for albuminuria. Apis in small doses is sedative, large doses irritant, to the urinary tract, and in either case increases the amount of urine excreted.

Colchicum increases elimination and increases the solids eliminated by the kidneys; and this is more or less true of the alkalies, the acetates, citrates and nitrates of sodium and potassium. They restore the alkalinity of the blood when deficient, and stimulate the elimination of effete material through the urine.

In febrile conditions aconite is the agent which, by its soothing effect upon the nerve-endings, and its controlling influence upon the vasomotors, most rapidly relieves the con-

gestion and inflammation of the kidneys, and other portions of the tract, providing, of course, that the specific indications are present. If the disturbance of circulation is central in origin, it is best controlled by gelsemium. If the urinary tract is involved in a febrile process in which there is irritation of circular muscular fiber, the pulse is full and bounding, and elimination is poor, the remedy of choice is veratrum. Veratrum is a most reliable eliminant. Gelsemium, hyoscyamus and the bromides depress the motor activities of the spinal cord, relieve muscular spasm, and have a particularly soothing effect upon the genito-urinary tract; the bromides being especially indicated if there is sexual irritation of central origin. Sometimes the irritation of the urinary tract is secondary to irritation of the sexual glands. If from the ovaries pulsatilla is the remedy, if from the testicles staphysagria is indicated, although either of these remedies acts upon the sexual glands of both sexes. In fact, they act upon the entire cromaffin system. If the irritation is due to disturbance of the prostate saw palmetto is the remedy.

Cannabis is the remedy for neuralgic conditions accompanying atonic states of the urinary tract; and colocynth the remedy for neuralgic conditions that are central in origin, and are sharp, cutting, sticking or stabbing in character.

The hypnotics, trional, sulphonal and veronal, will produce irritation of the kidneys if given in too great quantities, or for too long a time. This is particularly true of veronal which is a synthetic compound of urea. Salicylic acid is another agent which may produce irritation, or even inflammation of the kidneys if given in immoderate dosage.

Drugs may alter the character or composition of the urine in such a way as to alarm the patient or the friends, or may so change it as to effect the results of a laboratory analysis. They may do this either by being excreted in the urine, or because they set up certain changes in the body the products of which are excreted in the urine. Turpentine and oil of juniper impart the odor of violets to the urine, and the aromatic odor of cubeb and copaiba can be detected in the urine after their administration. The chrysaphanic acid in rhubarb and senna makes the urine a saffron or brownish color if it is acid; a purplish color if it is alkaline. Logwood renders alkaline urine reddish or violet. Santonin colors acid urine greenish-yellow, and alkaline urine reddish. Phenol, creosote, naphthalene and other coal-tar preparations, and the arbutin in uva ursi, make it a bright yellow; methylene, blue-greenish, and methyl, violet-blue. Potassium chlorate, all nitrites, acetanelid, antipyrin, phenacetin, pyrogallol,

poisoning by mushroom (helvella esculenta), and transfusion of alien blood break up the red blood-corpuscles, and the products, when excreted, darken the urine. Large doses of the mineral acids, arsenic naphthol and naphthalene may occasionally produce the same results.

Cantharides, salicylic acid and turpentine in large doses may produce hematuria. The urine of persons poisoned by carbonic oxide remains sweet for months.

Poisoning by carbonic oxide, amyl nitrite, turpentine, and sometimes chloroform, camphor, mercury, morphine, hydrocyanic acid, sulphuric acid, alcohol, lead compounds, and salicylic acid, a substance is excreted in the urine which, like sugar, reduces Fehling's copper solution. In the case of some of these drugs, at least, the urine does not contain glucose, but glycuronic acid; although it reduces blue copper solution, it does not give the phenyl-hydrazin reaction, nor undergo alcoholic fermentation upon the addition of yeast. Hydrated chloral was formerly supposed to induce glycosuria, but this has been shown not to be the case, the reducing agent in the urine being uroehloralic acid, and not sugar. The administration of phloridzin, a glucose from the bark of the stems and roots of the apple, pear, plum, and cherry, which continuously heated with dilute mineral acids, is resolved into glucose and phloretin, leads to the production of glucose in the urine. Phosphorus in large doses causes leucin and tyrosin to appear in the urine, while the nitrogen is greatly increased.

Prolonged poisoning by lead often produces chronic nephritis. This is usually of the granular type, but in some cases the kidney presents a mixture of interstitial and parenchymatous disease.

In acute mercurial poisoning, when death does not follow in the course of a few hours, anuria is not infrequently observed, and this has been found to be due to renal changes, the most prominent of which is the necrosis of the epithelium of the tubules.

Fatty degeneration of the renal epithelium may be caused by phosphorus and arsenic.

THE NERVOUS SYSTEM

C. L. Murray, M. D., Sacramento, Cal.

Read before the California Eclectic Medical Society

Every creation must have some central dominating force, without which there can be no unity, no harmony, no individ-

nality, no personality. It is by this central dominating force that it exercises all functions directing them to accomplish certain desired objects. This is fundamental and true of all organizations, whether it be a log rolling, house raising or shipbuilding; whether it be a political campaign, national government or international legislation for the government of the world. This dominating and conservative force must be commensurate with the work to be accomplished. In a world like this, where creation is only half finished and great processes of transformation are active, and infinite possibilities are to be realized, this dominating force like the world itself must be bounded by no limitations other than is included in the conception of an ideal universe. Not only what it is, but what it may become must be provided for in this central governing force.

It has pleased the Almighty to put as intermediate the nervous system in its dual capacity, cerebral and sympathetic, to carry forward and complete his creation. Its characteristic to receive and be influenced by impressions, which, from the nature of such relationship, must beget activities, renders it equal to take on all creative movements and register all histories.

It has been said by men whose lives have been devoted to the study of the various relations of mankind to each other and the advancement of the human race, that there can be no system of medical practice worthy the name only as it is based upon a comprehension of the nervous system as it is related to all possible physiological conditions and to estimate the active forces that constantly play in pathological processes. The wear and tear of the universe is registered on this dual nervous system, and utters the declaration that all pathological invasions are factors of destruction standing in the way of ever attaining physiological perfection. To know and to obey physiological law as against pathological ruin is the first step towards a new creation which holds in itself the histories of civilization from century to century, assuring a progress of the race permanent and increasing.

To comprehend the nature and the importance of the nervous system to all creative movements, making us co-workers with the Almighty, is a dignity conferred that at no time we should underestimate. In framing our systems of medicine we should adopt no theory that in the remotest degree conflicts with this co-workmanship towards building a better and more finished world.

As Eclectics we are fortunate in having a system that casts no reflection upon the Almighty, which can do effective

work as long as time lasts and which links us closely to all great destinies. "Vires, vitales sustinet" sustain the vital powers has been the guilding star from Beach to Scudder, and includes in the sweep of its onward movement all the agencies which can be applied for the betterment of the human race, whether in laboratory work or elsewhere in the researches of science. Associating us closely with all the past results and all the future possibilities, it encourages investigation and the profoundest development of mind, that we may know where are the vital forces and how they may be sustained. Every law of health carries with it creative force, and must be passed upon by the nervous system. To estimate the far-reaching importance of the nervous system as related to all the conditions of human life, is the duty of every physician. The entire medical world is now aroused to the consideration of nervous phenomena, their practical influence upon all the phases of mental and moral health. We have now the chiropractic philosophy, the Spondylotherapy and the Christian science dogma. All are parts of a great system and depend for their success upon the action of the sympathetic nervous system.

Dr. Pratt, in a lecture before the international purity congress in Minneapolis last November, lays wonderful stress on its functions and calls it "the life wire." Its competency reaches out in every direction. It announces the destructive influence of epidemics, and becomes a factor in overcoming and preventing the attack which destroys human life. Its field of work is in the asylums, sanatoriums, and hospitals. They are the exponents of a perverted nervous system, and its work is to diminish the necessity for asylums and hospitals and effect the restoration of physical harmony, and, incidentally, to help the race to a higher plane and make it easier to be good.

The immorality of the schools, the "white slave trade" and various weaknesses can not only be restrained but wiped out. This is entirely in the physical, and when in the family or in the school there is seen a tendency to indiscretions, or a violation of social purity, the conclusion is that there is somewhere an irritation caused by the terminal nerve endings being pinched. Take off the pinch and the exeited activity resulting from the irritation is more easily controlled. This "life wire" can be made, according to Dr. Pratt, the reformatory force in schools, churches and social organizations, and the family be so instructed in this "life wire" culture that pinched nerves may be loosened and irritation that causes sin, sorrow and immorality will give way to the expression of

healthy freedom. This great work of the sympathetic nervous system, "the life wire," in the hands of Dr. Pratt, may have much to commend it, but it has its limits. It is bounded by this world's horizon, and when its sun sets there is no promise of coming morning. Action from pinched nerves causing irritation carries with it no moral responsibility, and however much may be claimed for it, as a reformatory measure it fails just where it ought to succeed. It cannot even suggest a higher life than is found in the bodily functions. The morality attendant is but the harmonious expression of machinery where cog works with cog, eliminating friction.

Anything beyond this must be the blending of the two nervous systems, which are as distinct in their individualities as though they belonged to separate worlds. The sympathetic has expression in its combination with the cerebral-spinal and begets self-consciousness in which the moral attribute comes to the surface. In this union of fellowship between the two nervous systems we have the dual life. Where nervous diseases become chronic, we have phenomena, not recorded in the books, and, so far as I can learn, they have been passed by unnoticed. It is the personality that develops in chronic nervous diseases. We have its expression in Stevenson's Dr. Jekyl and Mr. Hyde as a sort of literary entertainment, but it is the presentation of a fundamental physiological prineiple. Any one who may be interested in observing the nervous phenomena will notice a peculiar personality in nearly every step of its progress. The doctrine of the possession of devils is registered in all the histories of mankind. Christ even cast out devils at various times, which was nothing more than the expression of disease caused by a perverted nervous system, creating objectively that which was the result of subjective pathological conditions. This is seen in the delirium of typhoid and in any fever delirium. In alcoholic excess, where all the terminal nerves are in a state of chronic irritation, the delirium expresses itself in all sorts of personalities. It is expressed in the epileptic, in the epileptic aura, in softening of the brain, and in advancing dementia. At times this objective personality becomes annoying and is as real to him as the hand he reaches out to grasp an object. Now this is not the result exclusively of the sympathetic, but in association with the cerebro-spinal system it creates this double personality in every human being. When the sympathetic has reached its climax and fulfilled its mission, the cerebro-spinal takes up the work and gives us a new heaven and a new earth. The sympathetic may dwell upon the sightless eyeballs of a Milton, but the cerebral gives us a Paradise Lost and Regained. The one

may lead us to the club foot of a Byron, but the other carries us about the world with Childe Harold and we are enraptured with the song of the ocean where the Almighty's form glasses itself in tempest and in storm. The one may lead us to a Carlyle where indigestion made his life a misery and his domestic life a hell, but the other has given us the history of Frederick the Great, the French Revolution, and Sartor Resartus to enlighten the mind and charm the heart. The one takes you in wonder and sorrow to the deaf Beethoven to whom all the voices of nature are dead, and who never heard the sound of his own instrument, but the other has thrilled the musical world with symphonies that will last forever. The two systems are distinct and have a different range, but when blended in their action we have the whole universe a complete system and an orderly arrangement of all progressive forces.

The dream of a thousand years is now today a living reality. All the races of mankind are brought together with their physiologic peculiarities and pathologic expression. These new forces playing upon humanity cause infinite changes to take place, and each change carries with it destruction or construction, is either pathologic or physiologic. These changes are impossible only as they are registered in the two nervous systems, and demand a practice of medicine which includes in its sweep all the vital powers from protoplasm, from which all the races of mankind have developed through all civilizations, to the realization of that condition of mankind which brings in the millennium. Eclecticism, based on the fundamental principle of the conservation of all the life forces, supported by the only scientific application of remedial measures as indicated by specific pathological conditions, affords the only hope of the permanent progress of the human race.

SOME PRACTICAL REFORMS IN OUR TREATMENT OF CRIMINALS

Judge Gavin W. Craig, Los Angeles

The problem of the criminal is one that has defied the philosopher, the divine, the physician and the statesman. However easy it may look in theory, in practice the time of its solution seems distant. If the problem of the criminal shall be solved, it will be by a nation whose citizens possess courage and determination. Prevention is more potent than any cure. Sterilization of certain classes of criminals would exert a wonderful influence in lessening a certain type of crimes, particularly those resulting from degeneracy and immorality in the broad sense of entire inability to appreciate

one's obligations to society. This form of prevention would eventually reduce to a minimum the persons who commit anti-social acts, because of their own inherent tendencies and lack of character.

As a means of saving persons who are not naturally criminals, but enter lives of crime as a result of environment or poverty, the municipal farm is the most practical agency that has come to my attention. I shall merely mention this proposition here, but the city of San Diego has for several years maintained a municipal farm. Men who are entirely without money can go there and work, receiving fifty cents a day and three meals, until able to secure other work. These and other suggestions of a similar character are aside from the subject of this paper, which has to do more especially with needed reforms in dealing with those who have already been convicted of crime.

Whether or not the near future will bring a sweeping reformation in our penal system depends upon the courage, and not upon the intellect of the people of this state.

The normal man wants to do what is just. To secure right action from him it is only necessary to induce him to consider. In stating these axioms I refer not to the criminal, but to you who hear this paper; you who vote and pay taxes, who constitute the state of California.

As to the nature of criminality itself, there is a wide divergence of opinion among investigators and criminologists. One school maintains that the brain of every criminal is diseased or abnormal; another denies this, and claims that the average criminal's brain is entirely normal, although perhaps defective, and that it is not diseased in any regard.

Much of the discussion on the part of these theorists appears, to the practical mind, mere quibbling, and yet it is perhaps harmless. When, through the process of the reasoning of either school, we have reached the conclusion that nearly all persons who commit anti-social acts are possessed of either abnormal or unusual, diseased or defective brains, the same important deductions must follow: First, that these persons are subject to improvement, if not complete cure, by scientific treatment. Second, that in applying such treatment each one convicted of crime must be regarded and dealt with as an individual. Beside these, under either theory, the man or woman who has committed, and is likely to again commit, an anti-social act, must be restrained from further conduct of the same character.

If we regard criminality as a disease, how much time would you waste trying to convince some one that the proper

way to cure a person of a fever is to have a physician prescribes so much medicine to be administered for so many days by a janitor and let it go at that.

In criminal cases the judges are the doctors. We prescribe a dose of four years in prison for one and life sentence for another, as a cure for his disease or defect of criminality. That is the end of it, as far as the doctor is concerned, and the nurse is a guard with a club and an arsenal.

Again, if we are to accept the view of those who declare that criminality is the product of a defective, though not of a diseased brain, present methods of dealing with the criminal are just as clearly futile, for there is no pretense made at so engaging the minds of those convicted of crime that the defective parts will be used and developed, or the unusually prominent parts reduced, through disuse, to the ordinary.

We will soon find it necessary to add another institution to those that we already have. The need is even now imperative. It will cost no more to make it one designed and equipped for the reformation and education of criminals to useful purposes than to build it for restraint and imprisonment only and have it a training school of crime and depravity.

Orchardists prune, irrigate and fertilize, not in a hit-or-miss fashion, but in the right season and in proper amounts, considering the **individual** grove and the **individual** tree. These things are done not for amusement, but because they pay financially.

How much longer will we waste millions of dollars yearly in unscientific methods in the treatment of criminals? The Elmira system is not perfect, but it is a long step in the right direction. It has been demonstrated that this method of dealing with persons convicted of crime saves the State of New York annually over $300,000. California can do the same. **Do not the tax payers of this state feel that this would be worth while?** Of course the initial cost is considerable but San Quentin and Folsom have long been too crowded for decency or morality. We will soon find it necessary to add another institution to those that we already maintain. The need is even now imperative. It will cost no more to make it one designed and equipped for the reformation and education of criminals to useful purposes than to build it of dungeons and have it a training school of crime and depravity.

The first offender usually has not the character of a criminal developed, but only incipient. Place such a person among confirmed criminals and he will become one also, but by proper exercise of the body and mind under skillful and

experienced supervision, the criminal tendency may be prevented from ever ripening into confirmed deparvity and wholly eradicated from his brain, and he may soon be restored to a normal, law-abiding citizen. **What other result do we demand?**

To be sure we have a system of paroles and credits for good behavior. In other words, if the treatment accorded to **all** prisoners in our penitentiaries happens to fit the case of the **individual** he is cured and probably shows it in his good behavior, and is paroled or entitled to an early discharge.

What we need is a place where persons convicted of crime can be scientifically treated, and where there can be a diversity of work, of study and amusement. At the present time we judges cause the record concerning a convict sent to the penitentiary to show his previous occupation, so that, if possible, he may be put at such work in prison as he may be fitted to do; but competent authorities tell us that frequently the labor at which the criminal has worked is the occupation of all others least likely to aid him. It may, in fact, have had much to do with his mental growth along abnormal lines.

The foregoing is intended to briefly point out the fact that persons convicted of crime should be treated, not as a class, but as individuals.

A full comprehension of this fact marks the dividing of the ways between the old and new methods.

Those in charge of the scientific treatment of prisoners should not have to contend with the counter influences of the association of those under treatment with other criminals of a more pronounced type than themselves. Those who have had experience say that this is one of the most important items to be observed in the successful treatment of the undeveloped, defective or diseased criminal mind.

Those interested in this economic problem should take steps to see to it that the initial move is made in this reform by the establishment of a separate penal institution for first offenders. Let us begin with those who are most easily and inexpensively healed. A penitentiary for first offenders would pay for itself, at least, in six years. This is not a guess; the experience of other states proves the assertion. Nor is this a charitable movement. **It is one of financial saving to the people of the state.**

It is a most difficult subject on which to secure statistics, but from the data I have been able to obtain I am satisfied that a large proportion of the wives and children of those men who are convicted of crime, and who leave their families destitute (as nearly all do) become members of the anti-social

class of society and many such dependents become actual criminals.

The wife or child has a legal right to support and protection from the husband and father. For a parent's failure to provide he may be sentenced to as much as two years on the county chain gang, during which time the county pays $1.50 per day to the family for its support. Yet, if he commits some other crime than failure to provide for his family, say, burglary or robbery, to supply his family with necessaries, the law now dismisses from consideration the claims of the widow and children and sentences the criminal to the penitentiary, turning the family adrift. In restraining one person dangerous to society we frequently make two or three criminals or paupers. Why should we not provide that in all cases where the punishment may be as light as two years in the state prison, and where it appears that the man convicted of crime has a wife or children, who will be left without proper provision, the court may impose a sentence of not more than two years on the county chain gang, the county to pay to the person designated $1.50 per day for their support? This is perhaps the most urgent reform for immediate results that can be suggested. But in the state prisons the cost of keeping the persons there convicted is only about forty-five cents per day. Surely these prisoners can be occupied with some work by which they can earn, say $1.50 in addition to this, to be devoted to their families.

Many are young men who have no one dependent upon them for support. Because of this it does not follow that there is no one who has a moral or legal claim upon the results of their labor. The man who has embezzled the widow's mite, and spent it in dissipation, may be sentenced to, say five years, at San Quentin. That sentence does not restore to her the hard-earned savings of a lifetime. No.

The law should require all prisoners, physically able, to work as hard and as long, perhaps harder or longer, than the laborer doing the same work out of prison. It should take from the proceeds of such industry enough to fully compensate the state itself for all expense attached to the incarceration of the convict. All over that amount should be devoted to assist those left destitute, who have a legal and moral claim upon the prisoner for support, or to those who have sustained loss by reason of the criminal acts for which he has been incarcerated as the case may be. If there is no one having such claims, or after the same have been paid, some part of the prisoner's labor should be saved for him, so that when he is liberated he will not go out penniless.

If time would permit, several other changes, some slight and some radical, might be suggested to improve the condition of those imprisoned, their families, their victims, and of society.

When the public realizes that both, from an economic and moral standpoint, our present criminal code is unjust and inadequate, reforms along the lines herein indicated will be demanded and accomplished.

MENSTRUATION AFTER OVARIECTOMY

Dr. O. C. Welbourn, Los Angeles

Read before the Southern California Eclectic Medical Association

Menstruation as a physiological function is peculiar to the females of the human family as well as two or three varieties of monkeys. Possibly it may have been caused by the assumption of the upright posture in walking. Beginning with puberty in the normal woman it recurs every twenty-eight days until the advent of the menopause unless interrupted by pregnancy. It has been assumed that ovulation begins, recurs and ceases synchronously with menstruation, but this is not always true. Girls have become pregnant, and therefore must have ovulated, prior to any show of menstruation. Women have become pregnant during lactation and in the absence of menstruation. If menstruation and ovulation occurred only at the same time a woman would conceive only at or near the time of menstruation—and even the laity know that this is not true. In my abdominal work I frequently have found that a patient was not ovulating though menstruating, or on the other hand was ovulating though not menstruating. All of which is suggestive that normal ovulation and menstruation are not absolutely dependent upon each other. And in pathological conditions this co-relation is even less intimate. The uterus and tubes may be removed and ovulation usually continues. The ovaries may be removed and menstruation frequently continues, at least for a short time. On one occasion I removed both ovaries, both tubes and the body of the uterus, stating to the patient that menstruation would cease at once. As a matter of fact it continued four or five years until the climacteric. Various explanations have been offered for these unnatural conditions. All of the ovary may not have been removed or there may have been a supernumerary ovary. Again menstruation and ovulation may both depend for their activities upon a third organ whose identity is at present unknown. The subject is interesting mainly because of what we do not know about it.

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THE PEDAGOGUES REBEL

Quite a while ago we took occasion to point out that the Carnegie and Rockefeller Foundations were conceived under circumstances which made them inimical to a republican form of government. That their object was just the opposite of what they purported to be, and that their influence soon would be felt by our entire educational system. Exceptions were taken by our friends to our statement, that one of the effects attained would be to bias or warp the opinions of our educators in favor of the system and methods which made possible these pensions. That the whole plan was in fact a sort of bribe, was indignantly and particularly denied by those teachers who hoped to profit by its provisions. Under these circumstances, the following Associated Press report of the doings of the National Educational Association is of peculiar interest.

The resolution says:

"We view with alarm the activity of Carnegie and Rockefeller foundations, agencies not in any way responsible to the people, in their efforts to control the policies of our state educational institutions; to fashion after their conception and to standardize our courses of study, and to surround the institutions with conditions which menace true academic freedom and defeat the primary purpose of democracy as heretofore preserved inviolable in our common schools, normal schools and universities."

MEDICAL FEE SCHEDULE

The last session of the California legislature enacted a Compensation, Indemnity and Safety Law, one of the purposes of which is to provide for the payment for medical and surgical services rendered certain employees. The law states that this service must be paid for by the employer, but as a matter of fact he is usually carrying insurance in some liability company and it is to these that we must look for our compensation.

From the point of view of the liability companies, the insured is a person earning an average yearly wage of $1000 and the nature of the service rendered and the charges therefor should be such as a person with the above income would expect to receive and pay for if he were paying the bills himself. Under these circumstances the schedule of fees which has been agreed upon by the California State Medical Society and the Casualty Underwriters Association of California is very interesting and we might add, probably it is final.

We publish it as a matter of general information and suggest that the reader file it for future reference.

Amputations

	First Aid Including Amputation	Subsequent Aid Hospital or Home	Office
Hip Joint	$50.00	$2.00	$1.00
Thigh at any point	40.00	2.00	1.00
Leg or Foot	25.00	2.00	1.00
Shoulder Joint	40.00	2.00	1.00
Arm or Forearm or Hand	25.00	2.00	1.00
Metatarsal or Metacarpal—Single	10.00	1.50	1.00
2 or more	15.00	1.50	1.00
Fingers or Toes—Single	5.00	1.50	1.00
2 or more	10.00	1.50	1.00

Fractures

	First Aid Including Reduction	Subsequent Aid Hospital or Home	Office
Upper Arm	$15.00	$1.50	$1.00
Forearm—One Bone	10.00	1.50	1.00
Both Bones	15.00	1.50	1.00
Femur	25.00	1.50	1.00
Lower Leg—One Bone	10.00	1.50	1.00
Both Bones	15.00	1.50	1.00

Jaw	10.00	1.50	1.00
Ribs—One or more	5.00	1.50	1.00
Patella	15.00	1.50	1.00
Pelvis	15.00	1.50	1.00
Metatarsal or Metacarpal	5.00	1.50	1.00
Finger or Toe	3.00	1.50	1.00
Two or more	5.00	1.50	1.00
Scapula	15.00	1.50	1.00
Clavicle	15.00	1.50	1.00
Nasal Bones	5.00	1.50	1.00

Compound Fractures—Add 25 per cent. for First Aid Only.

Where the Fracture involves a Joint, $5.00 extra.

Dislocations

	First Aid	Subsequent Aid Hospital or Home	Office
Shoulder	$10.00	$1.50	$1.00
Elbow	10.00	1.50	1.00
Hip	20.00	1.50	1.00
Knee	10.00	1.50	1.00
Ankle	10.00	1.50	1.00
Wrist	5.00	1.50	1.00
Finger	2.00	1.50	1.00
Jaw	5.00	1.50	1.00
Trephining Skull	50.00	1.50	1.00
Ligating Important Arteries	10.00	1.50	1.00
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Reduction of Strangulated Hernia by Taxis	10.00	1.50	1.00
Herniotomy	30.00	1.50	1.00
Enucleation of Eye Ball	25.00	1.50	1.00
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	First Aid
Complete Physical Examination and Written Report—	
Ordinary	$ 3.00
Special	5.00
Autopsy—Complete with written report	25.00
Attending but not performing	10.00
Testimony in Court as to simple fact of injury	10.00
Expert Testimony	15 to 25
Passing Catheter	1.50

	First Aid	Subsequent Aid
Ordinary Day Visit at Office	$1.50	$1.00
Visit away from Office	2.00	1.50
Night Visit—9:00 p. m. to 7:00 a. m.	2.50	.....
Removal foreign body from Conjunctiva	2.00	1.00
Removal foreign body from Cornea	2.50	1.00

X-Rays (to be taken only upon orders by the Company) —$2.50 each for first two pictures; $2.00 each for subsequent pictures.

MEDICAL LEGISLATION

The American people are burdened by legislation. I was tempted to say cursed, and I am not so sure but that the latter would be correct. Our legislators work so industriously that no one can keep pace with their efforts, as a consequence we do not know "where we are." We frequently innocently break the laws. Much of our legislation can justly be called "freak legislation," and actually works a hardship upon the citizenry. Much is contradictory and a considerable portion of it useless, simply embodying the hobby of some theorist, idealist or dreamer. Our sanitary, pure food, hygienic and medical laws are numerous and becoming burdensome and often seriously interferes with the personal rights of the individual. Often the State imposes harsh restrictions upon the individual and fails to do its part. The quarantine laws frequently work needless hardships upon the people, because they are enforced by ignorant and careless officials, yet wisely administered they are designed for the protection of the community. A sexualization of criminals and eugenic laws and marriages are fads, the products of idealists. Legislation will never make debased man pure and a thing altogether lovely. Sociological problems can never be solved by legislation alone, it needs education and that must extend through a long series of years.

Sexual education in our schools should be approached and enforced with discretion. All teachers are not capable of imparting the knowledge properly and legislation will not make them able either. There is some danger in arousing the curiosity of the young in these matters and the entire subject needs approach in a studied manner. I am not absolutely opposed to these innovations, but I fear too much is being said and done. One can scarcely pick up a newspaper without seeing an article or two on these subjects and our medical journals contain but little else. The stage presents but little else but

sexual plays and our moving picture shows appeal constantly to the passions. It is simply being overdone. Since writing the above, a most excellent article on this subject appears in the Lancet-Clinic of February 21. It is from the pen of Rev. Francis Heiermann, President of St. Xavier College, Cincinnati. It presents the subject from the viewpoint of the clergy and is a warning of its dangers.

The attempt of our legislators to prohibit the sale of narcotics is not a humane movement. Provision should have been made for the habitues of these drugs. We know of people who have used opium for thirty or more years, who, by legislative enactment, are to be abruptly deprived of the drug, yet no provision is made for their care. Is it wise legislation? Hardly. It is the work of an over-enthusiastic reformer. The inspectors appointed to enforce these laws are not always overburdened with judgment or fitness. They are picked for political reasons, not ability. I have been informed one was a boiler-maker by trade, before his appointment. We are moving too fast, and attempting to make all men saints by legislative enactments. I am afraid our efforts will be in vain.—M. in N. E. M. A. Quarterly.

SOME INTERESTING EXTRACTS REGARDING THE MUCH DISCUSSED QUESTION SEXUAL VICE, AS IT APPEARED MANY YEARS BEFORE OUR TIME

Those good souls (all men are for them) who are devoting their efforts in a direction calculated to reduce the traffic in white slaves cannot but read with the deepest interest the accounts which have come down to us describing similar labors of several hundred years ago. Legislative enactments aimed at prostitution are almost as old as the vice itself. The lawmakers of the ancient Jews, Greeks and Romans seriously contemplated the iniquity of the traffic in women and passed laws looking to its relief—but prostitution continued as before. The subject of social prophylaxis among the ancients and people of the middle ages is highly absorbing, all the more so because of the added interest reforming influences of today have given this phase of prostitution, and if this paper bids fair to run into an unusual length let the reader bear in mind the age, interest and importance of the subject and indulge the writer.

Since Christianity has ever had for one of its greatest purposes the protection and elevation of womankind, it is to be naturally expected that the most positive steps toward the correction of abuses involving women would spring from

Christian hearts, and so it has been. Even the corrupt Roman Empire, after receiving its tincture of the new religion, halted in its sensual course long enough to inveigh against the institution of prostitution. It is gratifying to learn that several of the Christian rulers of Rome—Constantine, Constantius, Theodosius the Younger, and Justian, to name a few—pronounced severe penalties against the debauching of young females and encouraging them to lead a life of shame. But such laws among a pleasure loving people lacking the moral stamina to subscribe to the rigid doctrine of sexual cleanliness, could not be a force in the uplifting of women, and the nation's vices continued as before. Until the rude tribes of Northern Europe had come into contact with the more complex civilization of the Roman nation, they had possessed a stern morality which maintained female virtue and promoted manly vigor. Tacitus was one of the early writers to comment on the unyielding chastity of the unlettered German women. But conditions were to change, the change coming with the extensive campaigns waged by the tribes of the North against the decaying Roman nation. It is a noteworthy fact that when two nations of entirely dissimilar moral types are pitted against each other, and the corrupt nation suffers defeat, the victorious host takes on with surprising celerity the vicious habits which had brought about the defeated nation's downfall. Thus, by peeping into the sociological conditions of the peoples we are dealing with at the present time, we may easily trace the evil influence exerted by the hothouse civilization of the Romans upon the coarser fibered but morally cleaner Huns and Goths.

This former high order of morals suffered pollution from which it never cleansed itself. Henceforth a laxness developed in the erstwhile moral Northern bosom. To the consternation of the tribal rulers prostitution began to fasten itself upon the long chaste barbarians. To our eyes the first evidence of this commencing looseness is to be seen in the passage of laws of a prohibitory character. Thus when a woman lost her respectability she was punished by expulsion from the city in which she lived. She was cut off from all family communication and became virtually a slinking outcast. Although the Visigoths visited the foregoing and even severer penalties upon prostitutes, yet the practice was not stamped out for the main offenders, the more elusive seducers and procurers, were not so easily reached as the poor victims themselves. In many cities prostitutes who ventured out into the streets and public places were heavily fined, scourged and thrown into prison. The decree of Theodoric

threatening death to those who gave shelter or support to loose persons, is a clear indication of the seriousness with which the Goths bent themselves to the hopeless task of freeing their land from the stain of prostitution.

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The more advanced nations early realized that the only result of prohibitory legislation upon prostitution would be to drive it from public supervision into dark, noisome places and make it all the more difficult to get at and control. The early church was sensible enough to acknowledge that the continuing cause of prostitution lay not in female looseness but, on the contrary, in male viciousness, and that if public prostitution were stamped out a widespread hidden immorality would follow of a much more corroding character. "Suppress courtesans and you confuse all society by the caprice of the passions," were the wise words of St. Augustine at a time when the subject was being treated to a heated general discussion. However, the inhibitory and protective value of police supervision was appreciated, and we find that instead of absolute prohibition, police rules were made providing for the segregation of public women and the adoption of a distinctive dress, the purpose of which was to differentiate brothel inmates from decent women. This dress was also calculated to protect virtuous females from the solicitations of passing libertines.

Jesus Christ forgave a prostitute, and it is more than pleasing to read that this sweet charity was not forgotten by the fathers of the early church when they took the matter up for consideration. While in many instances the regulations they adopted apply to prostitution were not such as to merit our approbation, yet in the main they never lost sight of the fact that in prostitution woman is not the chief offender. We find this beneficent influence standing out with clear distinctness in the rigorous prosecution of those who made prostitutes and trafficked in their souls. One scoundrel who had long been notorious for leading innocent girls into the byways of hell, and who had come to his deathbed, craved pardon of the Council of Elvira for his heinous sins. "Miserable wretch; brand of hell!" exclaimed Merot, "Dost thou believe that when the accursed soul is lost in eternal pains, God will be content? No, he will augment the punishment." And he further assured the miserable wretch that at the hands of those whom he had debauched and sent to hell, would he receive his merited punishment.

Largely through the investigations of Rabuteaux into the sociological conditions of Europe during a time dating from

the rise of the Christian ehureh until well into the Middle Ages, are we favored with our knowledge of the legal measures directed against prostitution and those profiting by its praetiee. One of the highly gratifying features of this author's researehes appears in his deseription of the severe penalties meted out to those plying the procurer's trade. In 1367 there was published in Paris an ediet threatening the proeurer with eonfinement in the pillory, branding with the red-hot iron and expulsion. Some years later, 1415, there appears in the municipal reeords an aeeount of the punishment of several wretehes who had engaged in luring girls into prostitution. The criminals were led into a public place, branded with a sizzling iron, their ears mutilated, and then they were sent in the pillory. Sometimes the proeuress was mounted on an ass, her face toward its tail, suitably plaearded, and paraded through the streets of the city. She was then publiely lashed and either sent to prison or exile. (Mayhew.) Oeeasionally the eulprit suffered additional punishments. Thus in 1399, several men and women who were plying the proeurer's trade in Paris were seized, and following the above deseribed penalties, suffered in addition the loss of their hair by fire and their property through eonfiseation.

As mueh as we must applaud the Freneh vigor in attempting to stamp out prostitution by the employment of such measures as have been just deseribed, yet we cannot approve of the punishment they at times visited upon the prostitutes themselves. A notorious woman of Toulouse was eondueted to the town-hall, where the exeeutioners tied her hands, stripped her naked, plaeed a eap made in the form of a sugar loaf and ornamented with feathers upon her head, hung an appropiate inseription upon her baek and then took her out to a roek in the middle of the river. There she was eompelled to enter a eage whieh was plunged three times into the water. Following this punishment she was eonducted to a hospital where she was foreed to spend the rest of her days at hard labor. In Bordeaux and other plaees these same rude deviees were employed to terrify the people from profligaey (Mayhew).

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In Naples before the 13th eentury the proeuress was punished by amputation of the nose, identieal with the punishment inflieted upon the adultress. King Frederiek deereed that all persons employing liquors or aphrodisiae drugs for the purpose of faeilitating seduction should be imprisoned, with death as a further punishment in the event

of grievous injury following the use of such agents. Notwithstanding the severity of the Neapolitan code as applying to prostitution, the condition continued to spread until at the end of the 15th century Naples was hopelessly mired in its own cesspool of wantonness. The Ruffiani, through whose efforts the ranks of prostitutes were kept filled, became bolder and yet bolder in their operations until their organization became a national scandal. They pursued their prey with such relentless fury that in those instances where girls failed to succumb to the milder inducements of these practiced seducers and procurers, the poor creatures were seized upon the streets and actually forced into houses of ill-fame. In answer to the demands of a populace aroused to a desperate pitch the authorities at last banished the Ruffiani and threatened with the branding iron all women harboring them.

As we go further into our subject we come to the penalties prescribed by the Castilian King, Alphonso IX against the Ruffiani, and as we read this code we cannot but wish that it were possible to apply it to the infamous cadets of New York, Chicago and other American cities. We believe an efficiently enforced code of similar severity would more quickly abolish the white slave traffic, now one of the scourges of our land, than our present penal code which confessedly is not rigorous enough even when thoroughly enforced. Alphonso's laws which were promulgated in the second half of the 12th century, in their application to prostitution provided for evil doers as follows: I. Men who trafficked in debauch; they were expelled from the country. II. Speculators who rented houses to bandoned women suffered confiscation of property, and were heavily fined. III. Men and women who conducted establishments of ill-fame and hired out women; if the women thus utilized were slaves they could make a successful demand for their freedom which the courts were bound to confirm; if they were free women their corrupter was, under pain of death, forced to endow and place them in a position to marry. IV. Death was the portion of the man who connived at the prostitution of his wife. Death was also the penalty for the seduction of an honest married woman into prostitution. V. Girls who supported men on their earnings were publicly whipped and deprived of the clothes which they wore at the time of arrest. The men were for the first offense severely flogged: for the second flogged and expelled from the city, and for the third offense sent to the galleys. Evidently even these measures, sufficient as they seem to us, were later deemed to be ineffec-

tive, for between 1552 and 1556 still more heroic punishments were employed to discourage male parasites from subsisting on the earnings of fallen women. Thus, at the first conviction they received a sentence of ten years in a galley chained to the oar. For a repetition they were given two hundred lashes and condemned to be chained to the oar for life. If only we could use this code in these days!

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As if it needed but the royal command to abolish vice, Charlemagne at a time when prostitution began to creep into his land, issued a prohibitory edict. He ordered that a strict census be taken throughout his possessions and the condition of every female be severely inquired into. He purposed in this manner to expose for prosecution those women engaged in the sale of their bodies. Men found to be harboring prostitutes were compelled to carry them on their shoulders to the public whipping place, where the women received their punishment. In the event of refusal on the part of the men, they, too, were to be flogged. At this period it was held that no disgrace quite approached that of being forced to carry a fallen woman on one's shoulders to the place of punishment. But prostitution went on unabated. During the several centuries following Charlemagne's reign immorality clogged the land's very air. Every town suffered the multiplication of public women. Paris became as one great brothel. Harlots thronged the streets, soliciting men most shamelessly, even abusing those who refused to purchase what the women had to offer. It was said that a school and a brothel might often be found in the same building. Finally prostitution became such a national calamity that those in authority made herculean efforts to stem its growing tide. Beginning in 1254 a series of rigorous edicts were issued and at least some effect of the legislation became apparent. For a few hundred years the evil was held in check, but along in the early part of the 15th century with the breaking out of the numerous wars between jealous kings and princes, the scourge in all of its old-time pestilential virulence again broke forth and went on for a hundred years unchecked. In 1503 the authorities sobered by a realization of the inevitable consequence of nation-wide prostitution, created a commission for the purpose of deliberating on the evil and attempting some sort of a solution of the problem. Various laws were passed but they were of little avail, for what sentiment favored their enforcement was not sufficiently strong to cope with the unbridled immorality of a people gone sexually mad.

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Rome's profligacy throughout all ages has been ever one of its reproaches. In the 11th century a church and a brothel stood side by side. In the 16th century under the pontificate of Paul II, prostitution was in just as thriving a state, and this notwithstanding the prohibitory legislation which had been enacted. Some of this legislation was of the severest type, yet the authorities winked at violations. Thus one law relating to procuring provided a heavy fine for selling a girl into prostitution, and further provided that if at the end of ten days the fine remained unpaid the guilty person was to have one foot cut off. In face of this and other laws which provided tortures, flogging, branding and banishment, public looseness continued, the people of all classes, nobility as well as the simple folk, being given to every sort of excess. Some of the laws of this early period making for the security of female virtue are most interesting. Curiously enough early Spain had a law which protected public women against violation. In Naples, under William, rape was punishable by death but the victim had to prove to the court's satisfaction that she had shrieked for help in her loudest voice at the moment of the assault. Furthermore, she had no redress unless she began prosecution of her assailant within eight days after the attack. In the same Kingdom once a woman had adopted a wanton's life she could not refuse to submit herself to any man making a demand upon her.

Mayhew who has inquired deeply into the subject of prostitution tells his reader of one of the most shameless legislative acts ever enacted. It was operative several hundred years ago in Rome and in effect secured for convents a share in the abandoned woman's savings. Every person engaged in prostitution was compelled to assign one-half of her property to a convent. However, this act was easily eluded and soon became non-effective. At the same time a tribunal was established having jurisdiction over houses of ill-fame, upon which a heavy tax was levied, this continuing until the middle of the 16th century. All of the Italian cities endeavored to segregate their prostitutes but as might be expected, with little success. The women with their parasitic criminal following took up their abode where they chose, oftentimes selecting favored residential sections. One particular street in Naples became such a notorious thoroughfare for women of this calling that the authorities finally could tolerate the immense throngs of prostitutes, Ruffiani and general followers of this life, who made the section hideous with their clamor, no longer and in 1577 ordered the underworld deni-

zens to evacuate this street within eight days under pain of the scourge. One example of genuine interest shown in behalf of fallen women and which really did protect them from the heartless scoundrelism of their male companions and the cupidity of the proprietors of evil resorts, is to be found in a law of 1479. Men oftentimes took girls into these resorts and ran up enormous bills for entertainments, then nonchalantly quitting the place left the unfortunate girls behind as security for the account. The girls were given their choice of a severe public whipping or forming a connection with the establishment which virtually amounted to slavery, for the keepers took good care that the girls never extricated themselves from the debt. It is not inconceivable to us that at that time such a practice was entirely possible, for we have but to remember that a somewhat similar form of slavery exists in our own period in many an American city, towards the suppression of which the white slave societies are bending their very best efforts. But according to the provisions of the new act of 1479 the keeper of one of the resorts could give a girl credit for a small sum only and this had to be for actual necessaries. If he exceeded the legal amount he had no means of collecting it, and thus the practice was finally broken up.

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But let us quit voluptuous Southern Europe and pass up to the sturdier people of Germany. It is highly surprising to learn that Strasburg in the middle ages was as deeply saturated with vice as perhaps any city in Europe. Mayhew relates that in Strasburg prostitutes at one time became so numerous that, notwithstanding that a special district had been given over to them, they swarmed throughtout the city, even invading the finest streets of the city. At least 57 resorts were to be found in six streets alone, on one of which there were 19 houses. The white slavers traveled abroad through the rural districts luring the prettiest girls they could find into the city where they were kept in bondage and rented out. Our authority further declares that at the beginning of the 16th century public morals were so badly corrupted that the less attractive girls found retreat in the clock-towers and aisles of the great cathedrals and churches. This finally became such a public scandal that in 1524 an ordinance was passed directing these "cathedral girls" or "swallows" as they were called in the time's vernacular, to vacate their sacred abode within fifteen days' time. When the Reformation struck Strasburg the city was absolutely wretched in the depth of its degradation, but under the in-

fluence of the new religious fervor a realization of their utter shamelessness came to the town's inhabitants, and they left off their sensual pursuits awakening to the fuller joys of intellectual and moral betterment. In 1536 but two of the one-time many brothels remained within the city's boundaries, and four years later, in testimony to the all-powerful influence of a public conscience fully awakened, not a single bawdy house was to be found in all of Strasburg. Ten years later the city fathers, probably noticing a drift toward the old condition, proposed to open one officially controlled house but the measure met with vehement opposition and it was not until in the fourth year after the beginning of the agitation for a licensed house that one was finally opened.—The Medical Review.

SOCIETY CALENDAR

National Eclectic Medical Association meets in San Francisco, June, 1915. T. D. Alderman, M. D., New York, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco May, 1915. A. J. Atkins, M. D., San Francisco, President; H. F. Scudder, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 5, 1915, O. C. Darling, M. D., Riverside, President; H. C. Smith, M. D., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. H. T. Cox, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY

The regular meeting of the Los Angeles County Eclectic Medical Society was held on Tuesday evening, July 7th, at 8 o'clock at the College.

The minutes of the previous meeting were read and approved.

Dr. H. C. Smith read an exceedingly interesting and instructive paper entitled "Diuretics." There was a lengthy discussion.

At the next meeting on the first Tuesday in August, Dr. Harry G. Watson, recently from New York, will read a paper entitled "Early Diagnosis of Gastric Cancer," illustrated with lantern slides. There will be a discussion on "Internal Secretions."

There being no further business the meeting adjourned.
H. T. COX, President. P. M. WELBOURN, Secretary.

STATE SOCIETY BANQUET

Through some accident the manuscript of one of the toasts given at the State Society banquet was lost from last month's copy, but here it is:

"Our Journal," O. C. Welbourn, M. D.

Mr. Toastmaster, Ladies and Gentlemen: At this moment I am acting as a substitute. By reading the program you will learn that the subject of "Our Journal," originally, was assigned to my sister, presumably in recognition of the fact that she does nearly all of the work in connection therewith. However, she is not present—you know some one must stay at home and work—and it is my pleasure to tell you about the Journal.

I take this opportunity to again remind you that the space at our disposal limits us to the publication of but one or two articles in each issue, and that some will be last as well as some will be first. Also that it does not follow that the editor has any particular choice, or liking, for the one over the other; or, of either or both over those that are used between times. The essential feature is to make each succeeding issue of interest to all of our readers, and this can be attained only by including a diversity of subjects—usually one for each of the three natural divisions. All of these articles are prized because they are original—because each man's individuality is expressed therein—and, therefore, very little alteration is made in the original manuscript by the editor. Overmuch alteration kills personality! A year or so ago a friend of mine, whose opinion I value regarding such matters, spoke very highly of the typographical appearance of "Our Journal." I waited for him to say something of the character of the reading matter—I am still waiting, for he said absolutely nothing about it. Another friend was more outspoken. He said it was not worth reading, let alone one dollar. This last opinion I gave to you one year ago, believing that a word to the wise is sufficient.

The result is fine—most sincerely I congratulate you! The papers that we have heard read at this meeting certainly are the best that we have had for many years. Next year "Our Journal" surely will be worth the price.

THE NATIONAL

The annual meeting of the National Eclectic Medical Association was held at the Hotel Servein, at Indianapolis, Indiana, June 16-19. It was one of the most successful in recent years. The registration reached 176 members and 53 visitors, but it was hardly the number expected for such a central location.

Dr. Glenn presided with great satisfaction, and all of the section work was brought forward as scheduled, and a large number of very interesting papers were read and discussed. The Wednesday evening musical entertainment was very much enjoyed. The exhibits were above the average and were well attended.

An amendment to the constitution, making the annual dues $2.00 for members from states where there are no state societies, the same as other states, was unanimously carried. A new resolution was passed, granting a 35 per cent proportion of dues to be paid back to states desiring to do systematic organization work. The organizer was allowed not to exceed $200 for general organization work by the correspondence method.

The next annual meeting will be held at San Francisco. The new officers elected were: President, Theodore D. Adlerman, Brooklyn, New York; First Vice-president, W. E. Daniels, Madison, South Dakota; Second Vice-president, O. S. Coffin, Indianapolis, Indiana; Third Vice-president, W. W. Maple, Des Moines, Iowa; Recording Secretary, Wm. P. Best, Indianapolis, Indiana; Corresponding Secretary, W. N. Mundy, Forest, Ohio; Treasurer, E. G. Sharp, Guthrie, Oklahoma.

COLLEGE NOTES

Herbert T. Cox, M. D.

The following graduates of the C. E. M. C. class, 1914, took the June state board examination and received their physician and surgeon certificates: John M. Cleaver, Harvey W. Crook, Carl P. Getzlaff, George W. Groth, Kate E. Seeburger. All are to be congratulated, and we wish for them much success in their practice, wherever they may locate. The majority will probably locate in Los Angeles or the suburbs.

A nice washroom for the gentlemen has been completed opening off the reception hall. This will add much for the convenience of the students next term.

Our strenuous secretary's sudoriferous glands worked overtime so much when he was getting the records and grade cards into shape that he decided to have a ventilator cut in the west wall of the office so that the gentle zephyrs may have a chance to soothe his heated brow.

T. L. Bordsen, M. D., C. E. M. C., class 1914, passed the last state board examination in the state of Washington.

C. L. Stammers, M. D., class of 1914, and H. J. C. Sprehn, M. D., class of 1913, went to San Francisco and took the July California state board examination. Reports are not in yet, but we hope the boys got the goods.

Chas. Holton, Esq., son of Dr. Q. A. R. Holton, of Whittier, has accepted the chair of medical jurisprudence, which was formerly filled by Judge E. R. Munk, who has resigned.

W. E. Smith, M. D., of Whittier, Calif., has accepted the chair of mental and nervous diseases for the coming term.

Prof. P. M. Welbourn, our efficient professor of bacteriology, will also have the chair of medical gynecology in addition to her former work.

Dr. H. Ford Scudder, the secretary, is a very busy man these days getting out letters in answer to inquiries and mailing catalogues to prospective students. The prospects for the coming term are very favorable for so early in the season. Now is the time to send in the addresses of the prospective students or those who might be able to secure one for the coming year. Doctor, if you do not have a catalogue, sit down right now and send a postcard requesting one. When you get it look it over carefully and see what work is given, and you will feel that the College is deserving of your efforts to send at least one student this year. Address all communications to Dr. H. F. Scudder, 337½ South Hill Street, Los Angeles, Calif.

NEWS ITEMS

Dr. Frederick Leix, Sonoma, who has been taking post-graduate work in Europe for a year is expected to return very soon.

Dr. E. R. Petskey is with the Shannon Copper company, Metcalf, Arizona, where he may be addressed.

Dr. Q. A. R. Holton, Whittier, writes that he has recovered from a "harrowing" experience which kept him in bed for a month. Dr. Holton evidently doesn't make as good a rancher as a medical man, as his accident was a fall on a harrow, one of the teeth striking him in the back.

Dr. Lee Strouse, Covington, Kentucky, writes that if "The All-Wise Providence wills, and He has always been willing, for me to attend an Eclectic meeting, I will be in San Francisco to attend the National in 1915." Dr. Strouse is one of the first to send this message but it is time for the others to begin to speak.

Dr. W. C. Bailey has improved in health so much that he has opened an office at 1465 Regina Lane. Mrs. Bailey is convalescing from a severe operation and has returned to her home from the Westlake hospital.

Dr. D. A. Stephens, after visiting the different cities in Imperial valley, decided that there were many splendid locations but it was too hot, consequently he has opened an office at the corner of Union and Pico streets, Los Angeles.

Dr. T. L. Bordsen, C. E. M. C. 1914, went to Washington in July where he passed the medical board. He continued his trip to Minnesota because of the illness of a sister but expects to return to California in a few months.

Dr. Edna P. Sherrill, C. E. M. C. 1914, has gone to Oregon.

Dr. B. E. Fullmer has been elected to the board of directors of the Westlake hospital to fill the vacancy caused by the death of Judge D. K. Trask, who had been a director since the organization of the hospital.

Dr. H. V. Brown was in San Francisco last month attending the regular meeting of the board of medical examiners. The next examination will be in Los Angeles in December and in San Francisco in January.

Twelve Eclectics, a whole dozen, were given licenses by the California Medical Board in June. Five by written examination, five by reciprocity, two by oral examination. Six were graduates of the C. E. M. C.

Dr. H. C. Smith has changed his office from the Consolidated Realty building, Los Angeles to Glendale.

J. M. Cleaver, M. D., C. E. M. C. 1914, H. W. Crook, M. D., C. E. M. C. 1914, C. P. Getzlaff, M. D., C. E. M. C. 1914, G. W. Groth, Jr., M. D., C. E. M. C. 1914 and K. E. Seeburger, M. D., C. E. M. C. 1914, passed the June examinations and were granted licenses by the state board.

Dr. Choate, Hot Springs, Arkansas, was in San Francisco to present his credentials to the medical board during July. The doctor was granted a license. He made a short visit in Los Angeles.

Dr. M. B. Bolton, San Pedro, will leave for a vacation early in August, and contemplates a trip along the coast, including Alaska.

We are pleased to be able to present in this issue a cut of the president of the California Eclectic Medical Society for 1914-1915, Dr. A. J. Atkins, of San Francisco. Dr. Atkins will have articles in the Journal from time to time which will be of interest to our state society members, also to the national members, because it must be remembered that the meeting of the national in 1915 will be in San Francisco.

"Pa, when people say that a man is a good provider, what does it mean?" "It means that they are trying to apologize for his bad habits."—Detroit Free Press.

Duer: Say, old chap, let me have a fiver, will you? I'll let you have it back before the end of February. Dunn: February of what year?—Boston Transcript.

Ambulance Surgeon: Cheer up; you are not going to die! Motorist (looking at wrecked machine): I don't know about that—that was my wife's auto.—Chicago News.

Grand Vizier: Your Majesty, the cream of our army has been whipped, and is now freezing. What would you advise? The Sultan: Add a few cherries and serve.

"This is a man's world," she complained. "Perhaps it is," he replied, "but one wouldn't suspect it while straying through a department store."—Chicago Record-Herald.

"Let me sell you this encyclopedia." "Nope. No use to me. My son is coming home from college pretty soon an' he'll know everything that's in it."—Cleveland Plain Dealer.

LITTLE ONES

In some of the college settlements there are penny savings banks for children.

One Saturday a small boy arrived with an important air and withdrew 2 cents from his account. Monday morning he promptly returned the money.

"So you didn't spend your 2 cents?" observed the worker in charge.

"Oh, no," he replied, "but a fellow just likes to have a little cash on hand over Sunday."—Harper's Magazine.

While the agent was selling farm machinery at the house the friend at the gate held his horse, and a conversation took place with the small boy of the family.

With grave incredulity he was saying: "Are you sure you are only 9 years old? I think there must be some mistake."

The boy was positive, but to make sure. "Ma!" he called, "ain't I just 9 years old?"

"Yes, son."

After a time he ventured: "Say, mister, what made you think I was more than 9 years old?"

"Why," said the stranger, "I couldn't understand how you could get so dirty in nine years."—Christian Herald.

The California Eclectic Medical Journal

Vol. VII. SEPTEMBER, 1914 No. 9

Original Contributions

CAUSES OF HUMAN ILLS FROM THE NEUROLOGISTS' POINT OF VIEW

Dr. Edward P. Bailey, Los Angeles, Cal.

Read before the Los Angeles County Eclectic Medical Society.

Preface

To my college and fellow practitioners in the healing art, to the preceptors and professors of this college, I proffer my regards with all due deference.

I respond to the request of our worthy president, Dr. Cox, to read a paper at this our regular meeting. I hesitated when he first asked me for several reasons, chiefly because the tendency of the times is toward complexity and multiplicity; at the rate of the present division and subdivisions in the various "so called" essentials of medical education, the medical student of the near future will at the time of his graduation be either a marvel of memorized medical nomenclature, or a nervous wreck.

I have for some years now been reducing my work to a practical basis of simplicity.

I have made my specialty the treatment of Chronic and Nervous Disorders, because there are too many conditions creating them, because these classes of ailments are least cared for and most deserving of sympathy and help.

I have embraced Neurology, the Duality system, comprising chemistry and mechanics with anatomy and physiology as its foundation and analysis, by dynamic and static test. Our pathology and therapeutics classifies ills as Nervous Derangements, either above or below the normal equilibrium, exhibiting by pain and fever, or deficient sensitiveness and low body heat, irritation and hypertrophy or exhaustion and atrophy. Any technical theorist may assume that his or her interpretation of diseases and treatment is the only correct one, and therefore

upset our conclusions to his or her satisfaction, but we are not in the hair-splitting business. We are too busy doing things effectively and getting results by applying our theories practically.

Extracts "Mature Medicine" (McCormick's System)

Eclecticism stands for all that is best in treating human ailments, and in accord with the Eclectic system which, as Dr. Millasich says, "is choosing from all of the other schools, sects or isms their best modes of treatment and, with the Eclectic system of medicine, curing or relieving the ills of the body." It therefore behooves us, as Eclectic practitioners, proud of the fact standing together solid as the Rock of Gibraltar, working in harmony and unity to so use our intelligence that we be not carried away by a desire to mystify the public with a multiplicity of names for disease. Names for many so-called diseases are nothing but an arbitrary classification of symptoms and a foolish one at that, because the same causes often exhibit different effects in different people, and different causes exhibit the same effects in different people. As Henry Hunn, M. D., says, "A careful physical examination and history of the case as complete as can be obtained are, of course, the essential basis of every diagnosis; but the commonly employed method of comparing the combination of symptoms thus obtained in any case with the various syndromes characteristic of the different diseases until a similar combination can be found, is not altogether satisfactory.

More scientific and instructive is the analysis of each important symptom and the consequent ascertaining of the disease which must cause it under the circumstances (the other symptoms) existing in any individual case which may present itself.

Analysis of cases is necessary to arrive at a diagnosis. Roger W. Babson of Wellesley Hills, Mass., is a statistician and analyst of business conditions. Some time ago, at a convention of medical men, it was asserted he arrived at his results chiefly by guessing. This prompted him to investigate the mistakes of the doctors. He had the results of 2,500 post mortem examinations, made at several hospitals, compared with the history blank filled out by the "diagnostic" physician. The following was the "diagnosis" as compared with actual facts:

Diabetes	Diagnosis	55;	actual	fact	95
Appendicitis	"	0;	"	"	80
Typhoid	"	30;	"	"	90
Cancer	"	35;	"	"	74

Pneumonia	Diagnosis	30;	actual	fact	74
Tumor	"	30;	"	"	72
Tuberculosis	"	25;	"	"	50
Heart disease	"	20;	"	"	40
Neuritis	"	5;	"	"	16

The neurologist classes the causes of human ills under ten distinct headings, viz.: Congenital, Infection, Malnutrition, Physical Shock, Mental Shock, Physiological Strain, Mental Strain, Habits, Occupation, Atmosphere.

The first, Congenital, includes those who are born perceptibly deformed, and those with lack of development of nerve supply; thus, instead of being able to sustain the body and facilitate growth, it scarcely holds its own or gradually declines in capacity, so that unless great saving in the demands is accomplished by the atrophy of parts, the whole will not survive many years. The hope-inspiring feature lies in the fact that they live, though a humiliation to themselves and objects of pity to others. In these cases we first conserve the nerve force by stopping any avenues of nerve waste, together with neeessary manual treatment, appliances and rest, all of which apply notably to congenital causes.

It can be well understood that this class of cases is more difficult of treatment than any other class, by any system of treatment, because we have to take incomplete machinery and develop it.

Second—We have infection. This is given second place because of the possibility of conditions prevailing at the moment of conception in one or both parents which may develop after the child becomes an independent actor; because of the possibility of infection at the moment of birth, or soon after, from conditions unsanitary; because of the possibility of infection from vaccination; because of the possibility of infection from injuries which produce laceration or hypertrophy. With Ludwig Hektoen, M. D., we agree that by infeetion we generally understood the entrance into the body of living agents; capable of multiplication, most commonly microbes which then cause disease. Such sonrces of infection may be transmission of said diseases from one person to another—aerial infection, dust infection, droplet infeetion, water-borne infection, infection by soil or food. We do not, however, accept the theory of contagion from contact, because, if we put up, person for person, those who are "exposed" who do not contract the diseases, alongside those who do contract them, we would have an army division against a corporal's guard. If the effects of contact are to be admitted in evidence, we must admit both pro and con.

Neurologists hold, both from theory and experience, that if the chemical combination exhibited in the body is even approximately what it should be, the body is immune from all causes except accident, so long as it remains in true proportions. Of course we recognize the wear and tear on the machinery, which is part of the great plan of evolution; but when one dies from this cause we do not call it disease.

Third comes Malnutrition. This has both deep and superficial aspects. The former may go clear back to conditions previous to the birth of the parents of the child, thus effects may be passed indirectly to "the children of the third and fourth generations" as the consequences of violation of natural law.

The superficial aspect presents, first the effects on the nursing child of the mother's physical condition, either produced by the chemical development from the food she eats making the milk constantly bad for the child or by the chemical effects upon the lympathic system from violent mental or physical exercise, which makes the milk temporarily bad. The evidence in support of the latter has been found in the salivary glands and in the mammary glands by chemists. Anyone may observe the effects of violent physical exercise in product of prespiration, which must naturally involve all other departments of the glandular system.

Next comes the cultivated tastes and the indulgence thereof. The doctor must realize that food is a chemical combination, that different articles of food must contain different elements and must contain them in different proportions.

But while diet is an important factor in nutrition it is not the whole thing. The neurologist may find contributing causes in any of the ten departments listed here, any one of which unattended might and would, probably, interfere with perfect nutrition.

In this department we have also to deal with the mental proposition, because if the mind is improperly nourished by so-called education, it may and very often does produce such effects physiologically that the exhibits expose the mentality unerringly.

Under fourth we have Physical Shock, and under this heading we have practically all accidents covered. Of course, we might except those which produce only mental effects; those associated with occupations, such as handling chemicals, and some of the possibility of atmospheric changes, but we will view those in their turn from other standpoints.

The possibilities of physical shock commence with the beginning of foetal life, although the probabilities are slight.

Next comes the moment of birth, when the use of forceps, or possible strangulation by the cord may injure. Next begin possibilities of falls and other accidents of a lifetime.

By far the greatest results of physical shock are spinal lesions, and we should not neglect their importance as etiological factors in disease. Some of the most important causes of spinal lesions which act directly upon the spinal column, or spinal tissues, or musculature are: 1, jars; 2, falls; 3, blows; 4, strains; 5, settling; 6, twisting; 7, muscle tire.

Any of the foregoing causes to any part of the body, to the extremities, or the joints, will affect the spiral column because of the reflex contractions produced by the painful irritation of the afferent nerve endings in the joint, or part that is injured.

If practitioners of the healing art would but give more consideration of this potent agency in the development of pathological processes of acute disease and the continuation and development of chronic disease, we would have less chronic cases and fewer patients seeking help outside the charmed circle of qualified licensed doctors.

Fifth is Mental Shock. As we are speaking of diseases and their causes, we will include the possibilities of a mental shock to the mother during the period of gestation and nursing. Next comes the independence from the mother, and the causes which are so abundant, enumeration could not be made. One person would be frightened by a mouse, another by a ghost and others at real or imaginary things. There can be little doubt that people have been so frightened by coming in contact with so-called contagious diseases that the effects on the chemistry of the body produced reactions corresponding to the disease; and many cases are recorded in which people so frightened by exhibits of ordinary disorders have exhibited the "typical symptoms" of some disease named by the attending physician.

Mental shocks produce insanity of violent and melancholy forms, which might be expressed as "acute and chronic," the latter being, of course, the more hopeless of the two. Mental shocks also exhibit physiologically by suspending functions, thus causing fainting, "heart failure," etc. Neurologists, after considering the causes which produce the direct exhibit, proceed to investigate the contributing causes in the other nine departments, which made the direct exhibit possible.

Sixth—Physiological Strain. This involves the effects of demands upon the nervous supply, which though averaging normal, are excessive because of a deficient supply; also the effects of excessive demands upon the normal capacity. In this department we classify eye-strain, incapacitated livers (from

wrong eating) and anything else which exhibits by failure to functionate properly: as illustrated by indigestion, constipation, dysmemorrhea, etc., exhibiting the symptoms, pain and fever with sometimes hypertrophy or atrophy. Sometimes exhibits in this class come from any of the other nine departments, but we will find them chiefly from habits, mental shock or strain, occupation and congenital causes; the neurologist is careful to go right down the line, however, in making the analysis, before delivering a prognosis. Of all causes in this class, eye-strain is the greatest; if, indeed, it is not the greatest of all causes in any class. We must not forget that while ignorance and eye-strain are two chief causes of many human ills, and their correction would make almost unnecessary other therapeutic agents. Still there are other contributing causes which must be removed by other means. One person may have a luxated vertebra, this is where our manipulations and adjustments come in. Another person suffering from pressure of another kind, caused by a cold possibly, receives the heat and water treatment, another needs dieting and so on down the list.

Seventh—Mental Strain. Some ills are more difficult for us to treat than others, because we have more difficulty in getting at the causes. Sometimes pride, sometimes prudery, sometimes a sense of propriety may cause a patient to withhold essential facts. Mental strain comes from so many disturbing causes and has so many forms of exhibit. The feeling that is called love often exhibits either violently or as melancholia, but when we have fathomed the depth of cause, we discover congenital weakness from lack of balance in the parents, infection from wrong associates, but more often we find the real effect is in a disordered liver, caused partly by disappointment, but largely by improper eating and dissipated habits.

Eighth—Habits. Like all other departments there are two classes, natural and acquired. In the first we have breathing, ingestion of food, egestion of waste and the sex relation. These are largely voluntary (breathing and egestion being the nearest involuntary) but all are voluntary to the extent that if properly educated we may protect the machinery from physiological strain, and thus prevent the mental effects. In this division we advise temperance, according to natural law, but we could not be consistent and advise abstinence. The habit of egestion at proper times is one that is noted more for its breach than for its observance; many thousands of people are suffering from rectal and bladder trouble caused from neglect of a natural duty, and in this respect civilization and education (or rather, lack of education along right lines in this respect) have placed us below animals and savages. True, in some

countries—France, for example, there are abundant public closet facilities, and, happily, a frankness and lack of prudery making private closets available. In no country are the sanitary features of closets comparable to those of America, and in the large cities they are abundant in the large store and office buildings; but in small towns and in the country the situation is deplorable. The sex habit has wrecked many lives, because indulgence under the present conditions has taken the nature of "forbidden fruit;" education, theoretically, has been neglected, hence the disaster from the practical experiences which brought naturally pleasures that induced further indulgence blindly, until not only the body, but the mind became affected. As to the acquired habits in treating them, we appeal through whatever psychology of reason we possess to their manliness or womanliness and cultivate self-control.

Ninth—Occupation. This is so varied that we can see at once the range of possibilities, from the miner in the pit to the steeple Jack in the air, with the painter on the wall in between who may fall, or get painter's colic. The ills, therefore, may be of chemical or mechanical cause, or both, and either may take the form of shock or strain. Some are more hazardous than others, but that is all.

Tenth—Atmosphere. This is a class which merits close observation, since it causes people to do many things they have not done, and also to avoid many things they were in the habit of doing. For example, people coming from the east to California and noting the warm days do not protect themselves for the night air, they also find often to their cost that the light and airy houses of these parts are very different from the constructions where they come from. The exposure to sudden changes in the weather, particularly in the spring and fall, is about the worst feature.

Summing up this abstract we have the story of cause and effect in four words. In causes, everything must be either chemical or mechanical, or both. In effects, everything must be either shock or strain, or both. Referring to neurological therapeutics, we have briefly: First, analyze and find the possible causes; second, proceed with every case to eliminate all possibilities, assuming, without telling the patient so, that each case is the worst case we ever had. If we put it in single words, we would say chemistry and mechanics, because, in making analysis and in prescribing diets, we have chemistry, and in manipulations and appliances, we have mechanics. We prove our findings with dynamics and static tests. We remove causes, the patient does the nursing, nature does the curing, and we get our money in advance, to insure our instructions will be followed.

INJURIES TO THE MALE URETHRA

Dr. W. A. Harvey, San Francisco, Cal.

Read before the California State Eclectic Medical Society

I do not expect to introduce any wonderful or miraculous cures of cases of urethral injuries—but instead, wish to report a few cases from different causes, and outline my method of applying the principles of surgery in these cases of severe injury to the deeper urethra which proved successful in every particular.

Case One—Mr. E., age 50, had suffered from stricture of the urethra (a sequel of gonorrhoea) for several years, which finally became complete, owing to an inflammation produced by a vigorous sexual excitement. The result of this sudden impervious condition was the rupture of the attenuated urethra posterior to the stricture, which was located just anterior to the membraneous portion.

This rupture permitted a urinary infiltration of the tissues of the scrotum and the cellular tissues of the groins and of the thigh of the right side, for a distance of over three inches from or beyond the scrotal limit, which resulted in the sloughing of the coverings of the right testicle. The treatment consisted of a number of incisions for the drainage of the urine from the tissues and the removal of the sloughs (which were extensive,) and as soon as possible to introduce a small firm standard—a perineal division of the membraneous portion of the urethra—through this incision the urethra was thoroughly dilated anteriorally and a retention catheter inserted into the bladder. Through this catheter the bladder was irrigated daily with a weak solution of boracic acid. At the end of one week, the catheter was replaced by a new one, at the end of the third week the perineal wound (including the rupture,) was entirely closed and a number 16am. sound was passed with ease.

Case Two—Mr. F., age 36, carpenter. Fell from a building and was impaled upon a picket fence. One of the pickets entered the right buttock, passing inward and forward. Completely severing the urethra immediately anterior to the prostrate gland.

In this case it was impossible to insert an instrument into the bladder through the urethra on account of the retraction and displacement of the proximal end of the urethra—however, this was accomplished through a perineal incision by the aid of a diagnostic-electric lamp.

A catheter was introduced far enough to be visible

through the perineal opening and by the use of the lamp the proximal opening was recognized and the catheter passed on into the bladder. The same care regarding the irrigation and change of the catheter was observed as in the previous case, and the patient left the hospital in perfect health at the end of the ninth week.

Cases three and four were perforations of the urethra by the use of a metal catheter in one case and a sound in the other; in the hands of physicians.

In both cases the perforation was located at the commencement of the membraneous portion.

In one case the infiltration (urinary) involved the scrotum and veins—in the other a perineal infiltration and abscess occurred.

In both instances it was impossible to insert an instrument into the bladder, because the lip of tissue at the site of the perforation would invariably deflect the instrument into the false passage.

Perineal incision and retention catheter was employed in both cases with perfect results in three or four weeks, respectively.

What I wish mostly to call attention to is:

First—That many urethral injuries are caused by unskilled persons (physicians included) attempting catheterization or sounding.

Second—The perineal incision for the purposes of locating a severed urethra, dilatation of a stricture and drainage of the tissues in this class of accidents.

Third—The retention catheter for draining and irrigating the bladder.

I will also add that in catheterizing or sounding difficult cases I have frequently been successful where others had failed by causing the patient to sit upon the edge of a chair or bed in such a position that the limbs are extended—the perineum free and the body slightly backward resting upon the hands so placed that in case of syncope the patient would simply fall supine.

GRAND CANYON OF ARIZONA

J. A. Munk, M. D., Los Angeles, Cal.

Last month I made my eighth trip to the Grand Canyon of Arizona. Repeated seeing of the great gorge does not seem to diminish its interest, but rather increases it. It is acknowledged by competent judges to be the greatest natural

wonder in the known world. Its dimensions are so vast that the senses have to be reeducated to fully comprehend its meaning and that requires some time. The Canyon has never been adequately described, nor ever will be, although it seems to be the most written about of any single object in the universe.

It is in the arid region, but the altitude of 7000 feet is sufficient to give it an exceptionally fine summer climate. The atmosphere is cool and dry and evaporation active, which adds much to the physical comfort. It is in the midst of one of the largest pine forests in the world and the fragance of pine is constantly in the air. It is a quiet, restful place away from the whirl and noise of the city, where the wheels run round and people go distracted. But to receive the greatest relief one must go without taking along the cares and worries of home and business. To make the trip under a high nervous tension and in a hurry to leave almost before getting there does very little good. There must be a proper mental poise of deliberation and relaxation to realize the greatest benefit.

I met again my old friend Captain John Hance, who has been a feature of the Canyon during the past thirty years. The last time I saw him, which was several years ago, he was in the hands of John Barleycorn, who had him completely hors de combat. That attack was his last periodical spree, from which he fully recovered and is now hale and hearty at the advanced age of seventy-seven years. He has made his home in the Canyon for many years and knows it better than any other living man. He has explored the great chasm in every direction and has built several trails, in his time, from the rim to the river.

He is a natural born story teller and has a national reputation in that line. His stories are not always based on facts, but he tells them so circumstantial and with such an air of sincerity that they are readily accepted as the truth. He has a suitable story for every occasion and seldom repeats himself. He told several new ones, but the story of how the rattlesnakes disappeared from the Canyon was exceptionally clever and gave his lady auditors some new thrills. He has lived for years at the Bright Angel camp, as an attraction for the Santa Fe railroad, by helping to entertain the visiting guests. The road is building a section of the Canyon in miniature to exhibit at the Panama-Pacific Exposition in San Francisco next year and the Captain will be there to explain it.

The entire Grand Canyon region, as well as the nearby San Francisco mountains in the vicinity of Flagstaff and Williams, is a volcanic region of unusual interest. Some years ago the government made a biological survey of this region, in

charge of C. H. Merriam, who in his report, describes seven distinct life zones ranging from the Arctic to the Tropic in a radius of twenty-five miles. The Arctic life upon the San Francisco peaks was brought down from Labrador on an immense ice sheet, which at one time covered most of North America; and the tropic life came up the Colorado river and Grand Canyon from the Sonorean desert.

About the same time the San Francisco mountains were in eruption and threw out large quantities of lava and cinders that made mountains and covered the earth and ice to a great depth. The ice, which was thus covered up and preserved, is yet found to be in a perfect state in caves that have been opened in the lava beds. In one of these caves, at the foot of Sunset mountain, an extinct crater with a sunset halo, sixteen miles northeast of Flagstaff and in the center of an inferno of volcanic debris, there is a deposit of clear, pure ice that I had the pleasure of sampling. This deposit of ice extends for fifty miles and its presence is further confirmed by the strong blasts of cold air that rise from the cinder beds of Williams on a hot day. If it is not glacial ice, there is no plausible reason to account for any ice being there at all; but the proof is in the eating.

Not least among the many attractions of Flagstaff is the Lowell Observatory, which was established over twenty years ago by Professor Percival Lowell, to study the stars and especially to note some peculiarities of the red planet Mars. The results of his observations have been given in a series of bulletins and books that are more thrilling than romance, but scientifically true. He has demonstrated beyond a doubt that Mars has both atmosphere and water and is inhabited by intelligent beings who have a comprehensive and co-operative system of irrigation that covers the whole planet. Mars is rapidly going dry and what little water is left is being carefully husbanded to meet the requirements of life. During the winter the water collects at the pole in the form of snow and ice and when these melt in the spring the water is systematically conducted over the land by means of canals, to grow the needed crops to sustain life.

The conditions which prevail on Mars are being duplicated upon the earth as it, too, is undergoing the changes of attenuated atmosphere and diminished water. Already this action has begun in spots and two desert belts now girdle the globe on the lines of the Tropics of Cancer and Capricorn, north and south of the equator. These arid belts are slowly but surely widening until in time they are destined to cover the entire earth, when our fate will be like that of Mars.

CALIFORNIA STATE BOARD OF MEDICAL EXAMINERS

Held in San Francisco, Cal., July 14, 15, 16 and 17, 1914

MATERIA MEDICA, THERAPEUTICS, PHARMACOLOGY AND PRESCRIPTION WRITING

S. H. Buteau, M. D.
(Answer Any Ten of the Twelve Questions)

1. How is apomorphin made? Give its chief physiological action.
2. Give the initial dose of tuberculin. What are the symptoms of an overdose?
3. Give four officinal preparations of mercury and the therapeutics of each.
4. Write a prescription, using no abbreviations, containing the tincture of the chloride of iron, the hydro-chlorate of quinine, the sulphate of magnesia, glycerine and distilled water. Under what conditions would this prescription be especially beneficial as a whole, and what purpose is served by each ingredient?
5. What is dialysis? Illustrate.
6. Name three drugs which stimulate the respiratory center. Six that depress this center.
7. Give eight drugs that, in fairly large doses, are quite liable to produce a cutaneous rash.
8. Under what conditions and why would you prefer digitalis to strophanthus?
9. Name the diseases in which vaccines are of definite value in treatment, or in prevention.
10. Give the treatment of chronic constipation where no definite organic lesion can be demonstrated.
11. Name and give dosage of an alkaloid of the following: Nux vomica, hyoscyamus, belladonna, pilocarpus, coca and scoparius.
12. Give dosage of thyroid extract, its physiological action and its therapeutic uses.

ECLECTIC MATERIA MEDICA

H. V. Brown, M. D.
(Answer Ten Questions Only)

1. a. Give ingredients and tell how to prepare neutralizing cordial.
   b. What is paregoric?
   c. How much opium per fluid ounce does laudanum contain?
2. Give treatment for lobar pneumonia in the initial stage.
3. Give complete treatment of post scarlatinal nephritis.
4. Name three remedies of first importance in tonsilitis and give reasons therefor.
5. Name four remedies of importance in chronic skin diseases.
6. What is hexamethylene tetramine before and after elimination?
7. What preparations are obtained from the following: Black sampson, black haw, May apple, cinchona, pickly ash, deadly nightshade.
8. Describe the cough indicating the use of the following remedies, respectively: Drosera, sanguinaria, lobelia, ipecac, ammonium chloride.

9. Write prescriptions for internal and external medication in facial erysipelas.

10. Give emergency medical treatment for puerperal eclampsia.

11. Indicate the derivation and uses of the following drugs: Euphrasia, barosma, berberis, baptisia, asclepias, apocynum.

12. Name two drugs each under the following classification, and give specific indications of same: Diuretic, diaphoretic, antispasmodic, hypnotic, galactagogue, hydragogue, soporific, antipyretic.

BACTERIOLOGY AND PATHOLOGY

Harry E. Alderson, M. D.
(Answer Ten Questions Only)

1. Discuss the bacteriology of cow's milk and cream.

2. Describe in detail an accepted method of making a complete bacteriological examination of milk.

3. Discuss the factors upon which the pathogenicity of a given strain of organisms depends.

4. Describe fully an accurate method of making a blood culture.

5. Define "anaerobic culture," and describe in detail an approved accurate method of making the same.

6. Differentiate bacteriologically and pathologically between condyloma acuminatum and condyloma latum.

7. Describe leukoplakia and discuss one complication.

8. Describe the pathology of Hodgkins disease, including the blood picture.

9. Describe briefly the various steps in making a proper routine post mortem (human).

10. a. Describe fully and discuss one gross pathological process caused by the treponema pallidum.

b. Describe briefly the histopathology of the same.

11. Describe two specific causes of oedema and discuss the means by which it is caused.

12. Define and discuss lymphadenitis.

N. B.—Questions Nos. 4 and 9 must be answered by all applicants.

GENERAL MEDICINE

Dain L. Tasker, D. O.
(Answer Ten Questions Only)

1. Describe taenia saginata (beef tape-worm), symptoms and treatment.

2. Give technique of vaccination against smallpox and describe a normal reaction.

3. Give symptoms and treatment of acute lobar pneumonia.

4. Discuss the primary stage of acquired syphilis.

5. Discuss gonorrheal arthritis.

6. Give symptoms of muscular rheumatism.

7. What are the cutaneous complications of diabetes mellitus? What is the significance of diacetic acid or B-oxybutyric acid in diabetic urine?

8. What are the causes of aortic incompetency, and what are the physical signs of the existence of this lesion?

9. What are the physical signs and symptoms of enteroptosis?

10. Differentiate acute follicular tonsilitis from diphtheria.

11. Give chief characteristics of spleno-medullary leukemia.

12. What conditions are characterized by pain in the precordil region?

ELEMENTARY CHEMISTRY

For Drugless Practitioners

(Answer Five Questions Only)

1. What is the difference between vegetable and animal life from a chemical standpoint?

2. a. How is bone distinguished chemically from other tissues?

b. What is isinglass?

3. Name four nitrogenous extractives of muscle tissue, and describe one in detail.

4. Differentiate between the organized and unorganized sediments of urine. Name three of each.

5. What are the organs of elimination, and what does each eliminate (chemically)?

6. b. How could you determine that the kidney was performing its proper function?

b. What is phenolsulphonephthalein?

TOXICOLOGY

(Answer Five Questions Only)

1. Describe one good color test for morphine.

2. Differentiate between unconsciousness or coma due to alcoholism, apoplexy and uremia.

3. In a supposed case of death, what tests would you apply? Name four.

4. a. What is a safe dose of cocaine subcutaneously?

b. What strength solution of cocaine should be applied to mucous membrane?

c. Give symptoms and treatment of poisoning by cocaine.

5. Give symptoms and treatment of poisoning by chloral hydrate.

6. What changes take place in the blood in poisoning by carbon monoxide gas?

2:45 p. m., July 15th, 1914. H. V. BROWN, M. D.

CHEMISTRY

(Answer Five Questions Only)

1. Define the following: Alkaloid; ptomain; leucomaine; ester; amino acids.

2. a. From what alkaloid is apomorphine prepared, and by what process?

b. How is heroin obtained?

3. a. What are the amylolytic enzymes, and what is their function?

b. What are the steatolytic enzymes, and what is their function?

c. What are the inverting enzymes and function?

d. Mention two official enzymes, source and function in digestion.

4. a. Discuss the nitrogenous equilibrium.

b. What can be said about the relative digestibility of animal and vegetable protein?

5. Give the practical test for indican in the urine.

6. What is the Diazo reaction and its significance in disease?

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2:45 p. m., July 15th, 1914. H. V. BROWN, M. D.

HISTOLOGY AND ANATOMY

(Answer five of the first group of six, and five of the second group of six.)

1. Locate, give relations and histology of the parotid gland.
2. Locate, give relations and histology of the thyroid gland.
3. Give the histology (briefly) of pancreas.
4. Give the histology (briefly) of the liver.
5. Discuss the testis
6. Give the histology of a medium-sized artery.
7. Locate the anterior, posterior, middle and superior mediastinum, and give contents of each.
8. Describe the bony orbit and itemize contents.
9. a. Describe the ischio rectal fossa.
   b. Describe the pelvic fascia in the male.
10. a. Name the pronators of the hand; nerve supply.
    b. Name the supinatoris of the hand; nerve supply.
    c. Name extensors of the leg; nerve supply.
    d. Name flexors of the leg; nerve supply.
    e. Name the flexors of the forearm; nerve supply.
    f. Name the extensors of the forearm; nerve supply.
    g. Name flexors of the hand; nerve supply.
    h. Name extensors of the hand; nerve supply.
    i. Name the adductors of the arm; nerve supply.
    j. Name the abductors of the arm; nerve supply.
11. a. Diagram the bones of the foot.
    b. Describe the ankle joint.
12. Discuss the scalp.

12 noon, July 15th, 1914. WM. R. MOLONY, M. D.

OBSTETRICS

(Answer Five Questions Only)

1. a. Describe the mechanism of the gross pathological changes in rachitic pelvis.
   b. Name (do not describe) the treatment indicated in impacted transverse presentation.
2. Give conduct of second stage of labor.
3. Name and describe varieties of lochia and give duration of each type.

4. Give all measurements of normal female pelvis and name points through which planes pass.
5. Diagnose L. O. A. from R. O. P. at seventh month.
6. a. Differentiate primary from secondary uterine inertia.
b. Give five causes of dystocia.

GYNECOLOGY

(Answer Five Questions Only)

1. Outline differential diagnosis between right-sided salpyngitis, right-sided ectopic pregnancy and appendicitis.
2. a. Define: Menstruation, menorrhagia, metrorrhagia, dysmenorrhoea, amenorrhoea.
b. Name five causes of uterine hemorrhage.
3. Outline causes of and treatments for vesico-vaginal fistula.
4. a. Name causes and mechanism of retroversion of the uterus.
b. Name indications and contraindications for extra peritoneal operation for same.
5. a. What advice would you give a woman entering the menapause?
b. Name and briefly outline treatment for five abnormal conditions associated with menapause.
6. a. Name most frequent places where pus within the layers of the broad ligament may point.
b. State your opinion, and reason for such opinion, of the use of pessaries.

9 a. m., July 14, 1914. H. CLIFFORD LOOS, M. D.

PHYSIOLOGY

(Answer Ten Questions Only)

1. a. Discuss the quality and quantity of nourishment required by an adult male at light work, and at heavy work.
b. What should be the proportion between nitrogenous and non-nitrogenous substances in man's diet?
2. Describe the changes that take place in a nerve cell after division of its axis cylinder.
3. a. What is the innervation for the respiratory apparatus?
b. What is the normal stimulus for the respiratory center?
c. Where are the respiratory centers located?
4. a. Give the origin and significance of urea.
b. Describe the fetal circulation.
5. a. Differentiate between cerebral and spinal paralysis in (a) reflexes.
b. What other characteristic differences may be noted?
6. Describe a cardiac cycle.
7. Describe the course of an auditory sensation.
8. Discuss the theories of renal secretion. (Two.)
9. a. What are the principal dangers to be avoided in blood transfusion?
b. What physiological reasons interpose against the use of animals for transfusing blood into human beings?
10. Discuss the heart sounds.
11. Discuss the mechanism of accommodation of the eye.
12. Give origin, course and distribution of the glosso pharyngeal nerve.

9 a. m., July 15th, 1914. W. W. VANDERBURGH, D. O.

HYGIENE AND SANITATION

(Answer Ten Questions Only)
All candidates must answer questions Nos. 2 and 10.

1. What is cheese? What substances are used to adulterate it? What tests would you use to discover them?
2. Discuss briefly modes of infection in pulmonary tuberculosis.
3. What is a "flush toilet"? What features of its construction are necessary to insure its safety for use in dwelling houses?
4. Describe briefly a technique and apparatus necessary to make a bacteriological examination of a suspected water supply.
5. What is beer? To what adulterants is it liable? What is the hygienic effect of habitual beer drinking?
6. What are the relative values of stoves and fireplaces as heating and ventilating agencies?
7. How is chickenpox spread? What measures would you advise for the purpose of preventing its spread?
8. Discuss the relative value of wool, linen and cotton fiber as clothing material. How could you distinguish these fibers one from another?
9. Discuss the role of: "Aerial transmission" in the spread of contagious diseases.
10. Supposing a case of diphtheria is discovered in a country school; give your instructions to the school authorities so as to prevent the outbreak of an epidemic.
11. Discuss the cause and prevention of ophthalmia neonatorum.
12. What is "mixed flour"? How could you distinguish it?

1 p. m., July 16th, 1914.

SURGERY

(Answer Ten Questions Only)

1. a. How should penetrating wound of the abdomen be treated?
   b. Of the chest?
2. a. Differentiate indurated lesions of the lower lip.
   b. Give technique of operation for cancer of the lower lip.
3. Give etiology, pathology and treatment of carbuncle.
4. Discuss (very briefly) acute osteomyelitis.
5. Discuss (very briefly) acute appendicitis.
6. In fracture of the femur four inches above the knee—
   a. In what position are the fragments?
   b. Why so located?
   c. Describe the proper dressing, and tell why you would use it.
7. a. Name four different types of club-foot.
   b. Describe operation for the cure of one form.
8. a. Diagnose femoral hernia.
   b. Describe operation for its cure.
9. Define: (a) laminectomy; (b) pyemia; (c) emphysema; (d) spina-bifida; (e) arthroplasty.
10. Differentiate between renal and gall-stone colic.
11. a. Name the three commonest clinical varieties of phlebectasis (varicosities).
    b. What are the three most common complications of phlebectasis?
12. Give the management of fracture of the lower jaw.

9 a. m., July 16th, 1914. ROBERT A. CAMPBELL, M. D.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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"TWILIGHT SLEEP"

An article under the above catchy title originally appeared in the lay press. It was written in a very entertaining manner, apparently by an expert, and it has excited a good deal of comment from the laity, and profession as well. The laity is interested because it is a popular science article dealing with a subject of great human interest. The profession because of the unfounded hopes that are raised in minds of prospective mothers and the pressure that will be brought to bear to use a method which is applicable to less than five per cent of obstetrical work. Many doctors will not be strong enough to withstand this demand for its indiscriminate use and the ill effects must be learned in a measure by the public before the movement will stop. Then there will be a reaction against the method, but eventually it will occupy its proper place, which we venture to reiterate will not be above five per cent of all obstetrical work. We are convinced of this because of our knowledge of the experience of our colleagues in the use of similar drugs which formerly were used extensively for this purpose, but now are practically abandoned, because it is impossible to avoid the contra-indications in general practice.

A method to be successfully used in normal obstetrical work must be applicable to general use by the general practitioner.

THE CAREER MEDICAL

The Undergraduate Student In Medicine.

Looking backward a few short years upon those first awkward and ill-balanced steps in the study of medicine, there are few men who will not marvel at the leniency of a faculty who bestowed upon them the degree of Medicina Doctoris.

Even the university bachelor who sets out from his alma mater to conquer a new kingdom in the field of science, with eye steadfast upon the goal of busy successful practice, must soon find that his way, instead of being paved with roses, is beset by the thorny entanglements of the sphenoid and the labyrinthine wanderings of the branches of the internal carotid. Indeed, anatomy has little respect for proficiency in Arabic or the calculus, but demands of her votaries absolute concentration, industry and much repetition. And so it is with other collateral medical studies. The university man may, therefore, unless he be made of sterling stuff, become discouraged early in his first faltering efforts to acquire the fundamentals, which fact is, perhaps, an exceedingly fortunate thing for the progress of art to the highest level of efficiency. Here as elsewhere the fittest are those who ought to survive, but even the fittest are in some sense mere children groping about in the dark. The candidate for medical honors will soon find that he has chosen a jealous mistress, one who daily will draw upon whatever supply of general knowledge he may possess; and hence the Arabic and the calculus, as remote as they seem to be from the exacting demands of fundamental medicine, may be called upon to show their influence in moulding the plastic mind into an organized, effectual thinking machine.

Doubtless the two most essential factors to a successful pursuit of the curriculum are healthy brains and untiring industry. Neither the one nor the other, if taken alone, will prove sufficient; and the man who is not thus doubly endowed seldom rises above that mediocrity which unfortunately is the limbo in which the majority of mankind is compelled to live and die. But there is a great sense of satisfaction when one has arrived at "the age of reason" in taking an inventory of one's capabilities, and with this bill of particulars in hand in striving to equal the highest standard yet attained in the art to which he should devote his all. The outlook for many is necessarily discouraging, for both natural endowments and opportunities for cultivating knowledge may be sadly lacking, but the will is a remarkable element in every personality when strengthened by love of one's daily tasks

and indomitable courage to carry them out. Now the undergraduate, because his mind is in the formative stage, often fails either because he is possessed of too great conceit or too great temerity, and either, when present to such a degree, is a dangerous asset in the process of career building. It will be noticed that the great man of science stands ever at "the door of humility," eager on the one hand to reach out and grasp unknown truths, and on the other to correct and modify his opinions and theories as occasion may demand. Now the student, while he may admire these splendid qualities in others, often lacks that sense of perspective which could produce in himself the desired effect; and hence he is likely to become hopelessly discouraged or disgustingly arrogant.

To return to the matter of preliminary education, it is certainly much less important how or where a broad, general training was obtained than that it was obtained. Some men, coming for the first time to the cosmopolitan centres of medical education, seem to hold the belief that the name of a great university which has granted them a certificate of merit is a password to all that is worth having. On the contrary, if he does not watch very closely, such an aspirant for medical fame will soon find himself outstripped by the poor farmer's son, whose basic facts on which his superstructure is to be built have been acquired at the little red schoolhouse and beside the untrimmed lamp. The latter knows at least the value of noble sacrifice in the pursuit of an ideal, and will bend all his energies along the straight and narrow path which he assures himself will at last lead him to the goal. In later life the occasion which demands prompt decision, quick action and accurate knowledge will find him not lacking, because he has been fortified against that day through the overcoming of seemingly insurmountable obstacles. It is difficult for most students to learn that the printed page does not contain all that the world is going to require of them, and that not only must they know a subject from the outside or from a given standpoint, but from all sides and from every standpoint. About two minutes of well-directed questioning will sift the knowledge of the average undergraduate to the very bottom, and in the light of this fact the conscientious teacher may derive a hint which will make him popular in his classes; for he who can present a subject most entertainingly and most thoroughly is the teacher who will be longest remembered and revered. The innocent, callow youth who plunges into medicine without chart or compass is to be pitied. Some of us have painful memories of that sort which we would gladly exchange. The physician's son who profits by the wise counsel

of his father is to be congratulated, and no young doctor should feel too ashamed because his father does not know as much as he himself does.

With the great advances constantly being made in the diagnosis and treatment of disease the student should remember that his active intellectual harvest pursued with diligence for some four years must not end; for, once a student, he must be always a student if his life and his work are to count for anything. The intellectually lazy will, therefore, soon find himself outstripped and will rapidly pass into that condition of decline from which the only escape is either a return to the fundamentals or the taking up of a new calling.—Ed. The Dietetic and Hygienic Gazette.

THE PRESENT-DAY DOCTORS

By E. R. Waterhouse, M. D., St. Louis.

The sorrows of the sire becomes great, as he beholds his children crying for bread. This applies to the conditions that are now facing the American Medical Association. It is a well known fact that for years the people have been losing respect for the physician, until today he stands as a sort of commercial figure, along with the barber and the plumber. Years ago the old family physician was loved, and stood nearer to the heart of the household than did any other outside of a direct blood relative. The words of advice from the good old family doctor, were cherished as if it had been sent from the higher world. Today we see the people chasing after "strange gods." The following of Christian Scientists, osteopaths, chiropractics, etc., etc., number into the millions. Why has this change come upon us? It is the result of a backward trend in their college teachings, and to the fact that the modern physician is no longer able to "deliver the goods," and the confidence of the people has gone glimmering.

At this day the study of therapeutics has given way to the technique of the knife. Drug study has been almost entirely abandoned in the colleges under the diction of the A. M. A.

Their students launching themselves upon the field of medical practice are entirely ignorant of therapeutics or the laws governing the administration of drugs. They pin their faith to the knife and some half-dozen remedies, mostly narcotics. What is the result? Too much surgery, too high a death rate and too much misery and uncertainty. When a man finds that one of his family has pneumonia he is at a loss to know who to run after, the doctor or the undertaker. If he gets

the former he is almost certain that he needs the latter before the scene is closed.

Had this student dug deep into the study of drug action and obtained a working knowledge of some five hundred important remedies his work would have been crowned with a degree of success that would have intrenched him in the confidence of the family so that no Christian Scientist could have ousted him. No osteopath with his thumb-digging, rib-punching gymnastics could drive him from the family. Today this class of physicians are setting up a mighty howl and are asking for laws to down their competitors, and further laws to compel the people to employ them, whether the said people want them or not.

The first in line of this legislation is the compulsory examination of school children. The little Dr. Two-by-four, with his hungry look that betokens his $40 a month salary, informs the parents by a note that Johnny has adenoids, and a very bad condition of his tonsils, and that they should take him to a physician at once, and that Dr. Smith, who lives just around the corner, is an expert in this class of cases. Does Dr. Two-by-four get the rake-off? Oh, no, probably not; he works for the love of those dear children. Another child has a trouble with his nose, another has worms, and still another has analstrabismus, or some other outrageous trouble. If the child belongs to a family who employs an eclectic, or hemoeopathic physician, these notes seem to come with great regularity and the child is also informed by this dwarfed mentality, "It is a wonder that your family physician could not see the frightful condition that your nose and throat are in." All this leads up to the one thing to get more money for the "chosen," and to bleed the public to keep up the style of these royal-blooded aristocrats of the A. M. A.

Fifty years ago, long before old Doc Simmons displayed his quack advertisements in the Lincoln, Neb., newspapers, (see Jim Jam Jems, published by Sam H. Clark at Bismarck, N. Dak., June number, 1913) advertising his homoeopathic "nibs" as being able to cure any of the 57 varieties of diseases. When we had to get up at five o'clock in the morning, feed the cattle and milk the cows, cut holes in the ice of the pond to allow the stock to drink, then walk two miles to school, sit on a bench, split out of the soft side of an oak log with but few of the splinters removed, sit there until corns grew upon the unmentionable part of our anatomy, this A. M. A. gang did not concern themselves about our nose, or did it concern us further than to have a good soft coat sleeve to wipe it on.

At this day of butcher shop therapeutics, fully half of this allopathic school of medicine are scarcely making a living from their practice. Thousands of them do not take in three hundred dollars a year, or, in other words, there are thousands of hungry doctors abroad in the land, pulling every string and wrecking their overworked mentality to increase their income, and is it any wonder that this malodorous Simmons gang should strive to lend a helping hand to their unfortunate children.

They have already secured all the jobs under government control. The army, the navy and marine hospital service, pension examiners and numerous other positions, and now they ask laws to create other offices for this hungry horde. Thousands of physicians are examining school children, and now comes a resolution that, according to the newspaper reports, was pushed through at the recent meeting of the A. M. A. in the East. The Associated Press says "It was the opinion of the 3,500 members of the convention that the public welfare would be conserved if every man, woman and child in the United States were to be subjected to a compulsory medical examination as to physical fitness once every year." Dr. Harvey W. Wiley told the Mothers Club in Washington recently that "the day is coming when every pupil will be forced to undergo a strict medical examination."

In a recent editorial in the St. Louis Post Dispatch they point out that this all means that a large number of physicians are desirous of fastening upon the people a sort of medical tyranny. Its editor says that in a city the size of Chicago it would require the appointment of over 300 medical examiners at a cost of over $360,000 a year.

Compulsory medical examination of all the population would be but a step from compulsory examination of all the school children. One of the advocates of such wholesale compulsory medical examination is Dr. S. S. Goldwater, commissioner of health of New York City. It is, of course, urged that such a scheme would protect the people against disease and conduce to longevity. (All this is worked under the cover of their great love for the dear people, while the important part, which is the money end of the transaction is kept under their hat). The editor of the "Post" further says: "Health is, of course, priceless, but so is personal liberty. Of the two, the universal verdict of mankind has been that personal liberty comes first."

I am pleased at the stand that this great paper is taking on this important subject and I feel sure that it is in strict ac-

cord with the wishes of every liberty-loving citizen who stands outside this grafting octopus.

Great scheme this, to create offices to legalize the robbery of a hundred millions of people who reside in what has been believed to be a free country. To create offices to feed the hungry hangers-on of this rotten A. M. A.

We will say that the minimum fee for such medical examination would be $1 each, and with our population at a hundred million people in the United States, would foot up to a nice little sum of $100,000,000 to be filched from the hard-working toilers of this country to bolster up this old English system of medicine, (which in itself is un-American), in the endeavor to create and perpetuate a medical trust.

A recent statement of one of their lieutenants, which is none other than U. S. Commissioner of Education, stated in his report (which was copied from a report upon education by a committee of the A. M. A.), that "all sectarian schools of medicine must go."

The big hog has spoken; they want the whole of this one hundred million of dollars all to themselves and are going to see that not a cent of this modest little "blood money" gets away. With a clear field the public is to be bled from both body and pocket to the satisfaction of this class who seek to intrench themselves behind national legislation. This voices the true inwardness of all of these self-appointed judges of their own righteousness.

How long will the intelligent people of this great commonwealth stand for such damnable serfdom? How long will they blandly submit to this encroachment upon their personal liberty? No laws should be enacted to give special privileges to special classes of people and especially as applied to medical practice, but every physician should stand upon an equal footing, to rise or fall, according to his success as a practitioner, as judged by those who employ him.

Did anybody ever hear of an eclectic or a homoeopath asking for laws to protect him from competition from other schools of medicine? All they ask is to be allowed to be judged by the people, to be compared with physicians of other schools, to line up their cures and their death rates with any class of physicians upon God's green earth.—Eclectic Review.

SOCIETY CALENDAR

National Eclectic Medical Association meets in San Francisco, June, 1915. T. D. Alderman, M. D., New York, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco May, 1915. A. J. Atkins, M. D., San Francisco, President; H. F. Scudder, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 5, 1915, O. C. Darling, M. D., Riverside, President; H. C. Smith, M. D., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. H. T. Cox, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY

The regular meeting of the Los Angeles County Eclectic Medical Society was held on Tuesday, August 4, at 8 p. m., at the college.

The minutes of the previous meeting were read and approved.

The applications for membership of Dr. H. B. McDaniel and Dr. L. R. Edwards were received and passed over to the Board of Censors for action. The names of the graduating class of the C. E. M. C. for 1914 were also received and referred to the same committee.

Dr. Harry Watson, recently from New York, read a paper, entitled "Early Diagnosis of Gastric Cancer," illustrated with lantern slides. The lecture was highly instructive and entertaining and was greatly appreciated by the audience. Dr. E. P. Bailey read an interesting paper, entitled "Causes of Human Ills From the Neurologist's Point of View." Because of the lateness of the hour the discussion was made short. It was moved, seconded and duly carried that the society extend a vote of thanks to Dr. Watson, who is not a member of this society, for his kindness in presenting his paper.

Dr. O. C. Welbourn stated that a number of politicians desired to present their claims for public office and meet the members of the society at some date prior to the approaching primary elections. The president presented the matter for discussion and it was decided to have an open meeting during the month for this purpose.

The next meeting will be September 1st at which time the subject of "Internal Secretions" will be discussed. Dr. New-

ton will lead the discussion on "Therapy," Dr. Fullmer will speak on "Physiology of the Internal Secretions" and Dr. Young will follow with "Pathological Physiology."

Adjournment.

H. T. COX, Pres. P. M. WELBOURN, Secy.

COLLEGE NOTES

Herbert T. Cox, M. D.

At the general college clinic, held daily from 2 to 4 p. m., last year there were treated over 1000 patients, which being afflicted with various ailments furnished sufficient material for demonstration of the majority of diseases. Complete histories were taken in 673 cases, a good percentage of the cases furnished material for laboratory diagnosis as well as clinical, which was profitable to the students, in that they could study the patient and check symptoms and laboratory findings. Because of the various changes in the management of the clinic throughout the year, the total number of treatments given to or visits made by the patients is not obtainable, but from statistics, generally averages at least five per each patient.

During the term 1200 original prescriptions were written for these cases, and filled by the pharmacist in charge of the drug room. This is a very good clinic when it is taken into consideration that the classes were not so large but that each student could personally observe the cases.

The coming year the clinic hour will be changed from 2 to 4 p. m. to 1 to 2 p. m. This will work out to advantage for the clinic and patients also. Many patients can call at that time who are employed so that they can not call between 2 and 4 p. m. The clinic will also secure the services of some specialists in their respective branches to handle the special clinics who could not do so heretofore because of office hours conflicting. Dr. Barbriek will have charge as director of clinics, and we feel sure that the coming year will see the clinical instruction raised to a high standard of efficiency. Prof. Barbrick has had personal experience in conducting clinics, and has attended some of the largest clinics both in America and abroad. We also feel sure that all of the professors will rally under his leadership and lend the valuable aid in utilizing the abundant clinical material which is sure to be available.

Don't forget that the C. E. M. C. opens September 14th, 1914, for its thirty-sixth term. Right now is the time to send in that young man for a course, who will be needed in the community when you get too old to make night calls. If you don't

need him, send him and let him go and help some other Eclectic in four years' time.

H. W. Crook, M. D., graduate of class of 1914, is locating near Slauson Junction.

S. M. Wilson, M. D., graduate of class 1914, has located at Inglewood, and for the present also has morning hours in the city.

Professor Roath has a new Overland car.

Dr. G. W. Groth has been looking after the clinical cases during vacation.

NEWS ITEMS

Dr. O. C. Darling, Riverside, was in Los Angeles several times last month.

Dr. and Mrs. Zahn who drove East early in the summer intending to tour Europe, visited relatives in Virginia for a time. War has caused them to postpone the European trip and their return will be made at once. Dr. Zahn has changed his Los Angeles address to 5254 Virginia avenue.

Dr. J. B. Mitchell, San Francisco, has returned to his practice after an absence of a few weeks spent in the Yosemite Valley.

Married, recently in Los Angeles, Dr. J. Park Dougall and Miss Helen Gertrude Burnett. The Journal extends congratulations.

Dr. B. E. Fullmer took his vacation during August. Mrs. Fullmer is visiting in Seattle.

Dr. M. Blanche Bolton, San Pedro, left August 6th for her vacation going to Alaska.

Died: Dr. F. S. Kurpiers, August 21st, 1914, in Los Angeles, the result of an automobile accident. Dr. Kurpiers was the "innocent bystander" to an automobile collision, one of the machines running on to the sidewalk and injuring the doctor so severely that he survived only a few hours. Dr. Kurpiers graduated from the C. E. M. C. in the class of 1913 but has never practiced. After graduating he entered a college in Denver for further study and at the time of his death was spending his summer vacation in Los Angeles.

Textbook of Histology, by Fredrick R. Bailey, A. M., M. D. Fourth edition revised. 644 pages. Profusely illustrated. Wm. Wood & Co., New York. 1913. Price, $3.50.

A very complete textbook on Histology, and with much of the "padding of theory" left out, which is so dense in some books as to confuse the new student. All facts are systematically and logically arranged by means of heads and sub-heads so that it is of great value as a reference book as well as a textbook. The illustrations which clearly explain the subject matter in each instance, seem to have been gathered from the best of sources. Bailey's Histology has been the textbook of first choice in the California Eclectic Medical College for four years.

The California Eclectic Medical Journal

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Original Contributions

A SAFE AND SUCCESSFUL TECHNIQUE FOR TONSILECTOMY UNDER LOCAL ANAESTHESIA

J. Fraser Barbrick, M. D., Los Angeles, California

Read Before the California Eclectic Medical Society

In an article read before the Southern California Eclectic Medical Society some two or more years ago on "The Surgery of the Tonsil" I made the assertion that the surgery of these structures and the surgical significance of their diseases is of equal or greater clinical importance than that of the appendix and that operative work on the tonsils is as difficult, if not more so, than that of the appendix. As the years go by and my experience in tonsil work increases, I still hold firmly to this opinion, and the more I see of the baneful effects of diseased tonsils, the more I am satisfied that there is only one safe and sure line of treatment and that is to remove them root and branch by the operative measure of Tonsilectomy.

With this brief preface, I will pass at once to the subject matter of this paper and give an operative technique which I have tested in over 60 cases, most of which were clinics taken indiscriminately as they presented, few of them having any preoperative preparation and none of such cases receiving any after treatment except such as would be given on following clinic days as they reported. The clinical cases include those done while abroad as well as those handled in the college clinics during the past winter and numbered between thirty-five and forty-five, the balance being private cases operated in my office. Of the clinical cases I have personal knowledge of only one case having need of any after services, and that was the first case operated in the college clinic in which, due partly to poor light and perhaps partly to a little nervous haste on my part, a small piece of the anterior-inferior portion of an adherent and bad tonsil was

overlooked and left, I presume partly detached, in situ. This case had some hemorrhage, for which one of the students was called, but which was not alarming, as he did not consider it necessary to speak to me regarding it until three or four days thereafter. In the series of over twenty private cases there was absolutely no bleeding except the slight gush immediately following the removal of the tonsil.

The basis of the technique was gotten during my work at the Royal Infirmary, Edinburgh, worked out in the Chiari clinic, Vienna, and modified and perfected as presented here in the college clinic and my private practice during the past year. It has been used on all kinds and conditions of tonsils, adherent, buried and otherwise, and on all kinds and classes of patients from the nervous, anaemic girl of twelve to the plethoric, rheumatic and obese woman going through the menopause and from the phlegmatic mouth-breathing adenoids and tonsils male of fourteen to the querulous, neurasthenic, professional man of fifty, who had gone through the best part of his life with recurring seasonal attacks of "Quinsy Sore Throat."

Comparatively no preparation is needed. If I operate in the forenoon, I instruct patients to eat a light breakfast with a cup of tea or coffee. If the operation is in the afternoon, I tell them to eat a plate of soup and drink a cup of coffee at noon. Instruments required: two suitable snares (I use the Kratzmueller); one Freer's semi-sharp septum elevator, which I use as a dissector; a pair of good tonsil forceps—preferably those which will permit the snare to pass over them without removal from the tonsil; any suitable tonsil syringe of not less than 20 cc. capacity, with a long-shanked, short right-angled curved tonsil needle. These few instruments, properly sterilized, with 2 drams of a 10 per cent solution of cocaine, 1 ounce of a sterile solution of novocaine, 1½ per cent, and adrenaline chloride 1-15,000, a tumbler two-thirds full of 50 per cent solution of H_2O_2, the surgeon properly prepared and the patient suitably gowned, and all is ready. Adjusting the light so a perfect view of the operative field is had, I first swab soft palate, pillars, face of tonsils and posterior wall of pharynx with the cocaine solution. Repeating this from time to time, within fifteen to twenty minutes, the palatal and pharyngeal reflexes will have disappeared and the structures can be quite freely touched with the probe without any remonstrance from the patient. Now I draw 4 drams of the novocaine adrenaline solution into the syringe, attach the needle and, passing it back, transfix the posterior pillar about its mid-

dle on a level with the top of the face of the tonsil. If the needle has been properly placed, the whole pillar can now be infiltrated with the solution, and all sensation in it and between it and the tonsil abolished. Withdraw the needle and treat the anterior pillar the same way. Then work the needle up above and external to the supra-tonsilar fossa, grasp tonsil with forceps and pull down and in a little, and with a little manipulation the needle is placed so as to infiltrate between the tonsil and the lateral wall of the pharynx. If the above has been done properly, the tonsil has now been completely blocked off, as the infiltrated tissues extend even below the inferior pole and no injection there is necessary. With the tonsil forceps well open, I now take as large and firm a grasp as possible on the tonsil and manipulate it in a manner whereby it can be freely dissected from the pillars, both back and front, and by depressing and elevating, the superior and inferior poles are freed from attachments and adhesions. The tonsil is now held only by its base or outer capsular surface. The snare of No. 8 wire is now passed over and around the dissected organ, closed gradually, and out it peels from its bed with its capsule, as clean as the kernel of a nut from its shell. A slight gush of blood follows the snaring, but this ceases after a moment or after one or more gargles with the peroxide solution, and you go on to the other tonsil, which is handled in the same manner.

A few moments after the removal of the second tonsil, inspection will show deep, clean tonsilar beds, the pillars free and smooth—all infiltration having escaped during the dissecting and snaring out of the tonsil—and bleeding comparatively stopped. Patient is feeling good and happy, and will say he only slightly felt the pulling on the tonsil as you lifted and snared it out of its bed. There are no toxic effects, as the small amount of cocaine brushed over the surface is not sufficient to give any trouble at all except in an occasional case, and the novocaine and adrenaline solution is comparatively non-toxic, and being let out at once by your dissection, none of it is absorbed anyway. In the occasional case who may show some slight cocaine effects, a cup of black coffee or a light drink of whiskey or brandy will almost immediately straighten them out and they may be permitted to go home at once. In my private cases I have them report at the office the third day after operation, at which time I carefully swab the open surfaces with glycero-iodine. Two, or at most three, of such treatments three days apart, are all that are needed, and your patient is well and free from the dangers of tonsilar

troubles for all time. For the first two or three days diet is liquid; thereafter as usual.

With this technique I have had no hemorrhage, no complications and no worry in my tonsil work, and I believe it will be found just as satisfactory by others if done correctly. The essential points are a perfect understanding of the anatomy of the parts and a strict adherence to the different steps of the operation as here laid down.

CHOLANGITIS

Dr. Robert Lucy, Guelph, Canada

Views of Leading Physicians and Surgeons Briefly Stated:

It is estimated that 10 per cent of all adults have hepatic calculi, and that in only 10 per cent of these do the calculi cause trouble.

But according to recent investigations, infection of the bile passages is the fundamental factor, and stones secondary —accidental.

Gerster asks, "Does not calculous denote the terminal stage of a disorder of far greater and deeper significance?" "In removing calculi do we remove the disease or only a troublesome symptom?"

Naunyn classifies infections of the bile passages as simple catarrhal, suppurative and calculous cholangitis. Replacing "catarrhal jaundice" by "primary infectious cholangitis." Cholangitis is a disease of the entire system of the bile passages, large and small, and the gall-bladder.

It may be dangerous, and not become purulent or form stone.

It results from infection, most common being the bacterium coli, which is ordinarily present in the common duct.

This causes no harm so long as the bile stream is not obstructed.

More or less stagnation causes dangerous accumulation of the bacilli, leading to infection. The gall-bladder being a receptacle its contents stagnant therefore readily infected.

The colon bacillus enters from the gut being the commonest example of enterogenous infection.

Gall-bladder infection may be through the blood—hematogenous infection. The best example being by typhoid bacilli. These may not cause trouble for years. Daming back bile results in increased infection causes swelling and inflammation of the duct and hence jaundice.

A stone impacted in the common duct may not cause jaundice but stomach symptoms only.

Thus the cholangitis causing swelling of all fine and coarse ducts is more liable to cause jaundice than stone is.

Lately I saw cholangitis, in a girl of 16 years follow purulent infection of the frontal and accessory sinuses.

Also another in an unusually healthy woman of 48 who had had puerperal septicaemia twenty years previously.

And we all have seen it during typhoid fever.

The duodenum is never free from bacillus coli; to this add stasis, as in pregnancy, ptosis, and fecal stasis, and infection is possible. The feeble muscular equipment of the bile passages and gall-bladder favor stasis.

Gerster suggests that long continued irritation of the sphincter of Vater's papilla may cause first hypertrophy, then degeneration, then deposit of connective tissue, and actual stricture. This may be followed by corresponding hypertrophy, degeneration and dilation of the bile tract.

Jaundice may not disappear for days after stone is expelled, or even after drainage operation.

Pain, fever swelling of the liver, and jaundice may be present without stone as often seen at operation.

In case No. 22 of this series the gall-bladder was contracted to size of a small thimble.

In No. 35 the gall-bladder and cystic duct were practically gone—only a swelling at the junction of hepatic and common ducts. These both were about 2 c. m. caliber and contained 24 stone 3 being as large as big cherries.

It is claimed calculous does not form in sterile bile, but Aschoff has shown calculous may deposit in excess of cholestrin, which is present in pregnant women.

This, with the stasis of pregnancy, may account for frequency of calculi in women. We must take calculous down and place infection of bile up in our mental picture as the fundamental cause of hepatic colic and fever. Hence incision and drainage become the reasonable steps towards cure.

We must not only remove stone, stricture, etc., but also the infection.

This gives us a higher and more comprehensive view of our duty to these patients.

Oschener says obstruction may be by bands due to adhesions often from duodenal ulcer or tight lacing, pushing the gall-bladder down, bending the ducts, and allowing accumulation of mucus and debris, causing temporary blocking of the

ducts and so infection.This may cause severe colic, while suppuration and gangrene may follow.

He found a single or double sphincter muscle surrounding dudodenum usually just below entrance of the common duct in every body in twenty-eight post-mortems.

Thus explaining the frequency of dilatation of the upper part of the duodenum, the presence of bile in vomit when stomach is relatively empty. And the frequency of dilatation of the stomach with ulcer, when there is no pyloric contraction. 35 per cent of his cases has appendicitis too.

When calculi are present medicinal doses of strychnia or formin have been known to cause colic.

About 50 per cent of cholangitis cases showing symptoms never have severe hepatic colic.

The earliest symptom is referred to the stomach—"indigestion."

It is impossible to say whether calculus is present or not in a patient with biliary colic, fever and jaundice.

Pressure of calculus alone does not cause colic.

But changes in position of stone, infection and distension from increased secretion cause symptoms, colic, etc.

The gall-bladder fundus has few lymphatics, therefore pus in it does not absorb rapidly.

Pus in gall-bladder usually results in temperature under 102 or 103 degrees F.

But the gall-bladder neck and ducts have many lymphatics so stone and ulceration in these cause free absorption, chills and high temperature—often 105 degrees F.

If stone is in common duct we may have chills, temperature of 105 degrees F., and jaundice.

Kahr found 90 per cent operated on during high temperature, 105 degrees F., and jaundice, died.

Less died if there was no jaundice—stone in cystic duct.

Still less died if temperature was under 103 degrees F. —stone in gall-bladder.

Murphy therefore advises operation while stone is in gall-bladder or cystic duct.

A leukocyte count of 18,000 to 30,000 shows infection even when no fever is present.

Acute perforative cholecystitis is rare, but may occur.

Perforation is shown by history, and spreading peritonitis.

No. 17 of this list presented a gangrenous but unbroken on gall-bladder fundus.

Murphy says jaundice "preceded by colic" is foreign body jaundice.

And that jaundice, not preceded by colic, is never gall-stone jaundice but due to cholangitis, pressure of a tumor, or lesion of the pancreas.

But both Gerster and Naunyn say cholangitis may cause colic and jaundice without stone.

Murphy calls attention to the irregular raise of fever at varying intervals, and sudden drop to normal, as characteristic of bile infection.

Some years ago I saw a case of biliary infection in a boy of 17 years; his temperature sometimes ran 96 degrees to 106 degrees F. in twenty-four hours.

I have seen two epidemics, affecting children only, characterized by malaise, fever and jaundice.

Diagnosis

From duodenal and gastric ulcers, acute infection of pancreas, renal colic and appendicitis. All should be examined in the prone position, head and shoulders and knees raised, for tenderness over the gall-bladder, by Murphy's "first percussion," or tenderness on pressure.

They cannot take a full breath when deep pressure is made over the gall-bladder.

Washing stomach out with hot water stops the colic better than morphia—places the stomach at rest. Taking food starts the colic, starts contractions of the stomach, these induce corresponding contractions of the gall-bladder and pain.

In jaundice from pressure—tumor, etc., Murphy says gall-bladder is distended, but usually contracted if from stone. Also that jaundice from maglignant disease is progressive and painless.

Loss of weight occurs with stone in common duct.

Attacks of hepatic colic often begin at night during sleep. As Dr. A. H. Ferguson pointed out, "the uterus and gall-bladder like work at night."

Medical Treatment

Oschener advises deferring operation till acute attack has subsided.

He puts stomach and gall-bladder at rest by hot gavage. Avoids food and purgatives—as in appendicitis. Water or food by mouth may cause pain to recur. For cases declining operation, he advises drinking much water, eat less than satisfies hunger, active outdoor exercise, soda phosphate before meals and if there is hyperacidity, olive oil at bed-time.

Kehr Robinson and Bain advise medical treatment first. All measures must be directed against the stasis and infection as well as the calculi.

In hepatic fistula cases I have often observed the bile flow greatly increased by free use of water or tea, or by a glass of ale, porter or beer.

Carlsbad salts or water aid recovery.

Hanseman has shown that calculi may dissolve in pure bile.

7 grs. formin t. i. d. tends to disinfect bile, so relieves irritation and promotes digestive comfort. With its use, and care in diet, some of my patients became so comfortable and free of digestive troubles that they declined operation. I often give it with fl. ext. wild yam.

Surgical Treatment

Billings, Dieulafoy, Mayo, Moynahan and Murphy say operate when diagnosis is made, or when attack has subsided. Contra-indications—

1. Ordinarily during attack of colic.
2. Prolonged operation during severe jaundice.
3. Or during prostration following prolonged suffering.
4. Cases complicated with carcinoma.
5. Patients with ecchymotic spots are almost certain to die if operated.

Early operation avoids risk of cancer from irritation. Primary cancer of the gall-bladder always gives history of long standing calculi.

Operation before grave disturbance is less dangerous. After operation stasis, infection and inflammation must subside before cure can be claimed.

11 to 15 per cent calculous cases are not cured by operation. And 55 per cent non-calculous cases were not cured by operation in Osehener's list—quoted by Gerster.

Drainage after operation is essential for relief of infection. Kocher's mortality in 2,000 cases was 15.7 per cent (not recent report).

He advised early operation in jaundiced cases to avoid hemorrhage.

I saw Dr. Berg transfuse a severely jaundiced woman forty-eight hours prior to drainage operation by Gerster, at which there was very little bleeding.

Welch advises using human blood serum interstitially to prevent or check hemorrhage in such cases.

Calcuim internally assists.

Murphy lays stress on the coagulation time of the blood being right, 2 min. and 10 sec.

He quotes a case operated on successfully after suffering for ten years from chills and fever, at times 105 degrees F.

He found a contracted adherent gall-bladder containing pus.

Lillental advises removal of gall-bladder in primary operation. He says so many require secondary operations for recurrences and adhesions where gall-bladder is left.

Gerster leaves gall-bladder if it is healthy.

He removes it:—

1 If there is gangrene of gall-bladder.

2. If there are multiple stone—danger of overlooking some.

3. If gall-bladder contains pus.

4. If adherent has cicatricial or cancerous deposit.

5. If cystic duct is permanently occluded.

Deaver also removes the gall-bladder in cases giving a long history of recurrent febrile attacks—chronic infection.

In most cases of acute calculous cholecystitis.

In "cholestrin gall-bladder"—showing deposit of fine calculi in gall-bladder mucosa. Also if there is peripancreatic lymphangitis often causing inflammation of head of pancreas.

He drains the gall-bladder in the old and feeble, and where breaking down protective adhesions would lead to infection and endanger life.

Kehr's mortality was 1.50 per cent for cholecystotomy and 3.70 per cent for cholecystectomy, but these were the more severe cases. Never tie cystic duct with silk or linen lest ligature include junction of hepatic and common duct—use catgut.

Severing cystic duct, and working from below up, is often the easiest plan of removing gall-bladder. Drawing the edge of liver up with gauze brings the cystic and common ducts into a straight line, facilitating procedures.

Anastomosis with intestine is only required when bile flow is hindered.

Murphy and Kocher use Murphy's button for this.

Removal of gall-bladder at first operation does not make exposure of common duct more difficult at subsequent operation.

Obstructon of common duct rarely causes adhesions. But an infected, contracted gall-bladder often causes extensive and very troublesome adhesions, requiring sharp (necessarily dangerous) instruments for separation later.

Cases unrelieved by first operation will often be found to have blocking of the bile tracts by adhesions or stone.

Operation

Having patient's back raised by sand bag placed a little above level of the liver, open abdomen through edge of right rectus muscle, free enough to admit the hand, and allow a good view of the parts. Palpate gall-bladder, cystic, hepatic and common ducts, and examine pylorus, duodenum and pancreas. Pack gauze around gall-bladder and ducts to be opened, and remove any calculi and contents.

If gall-bladder is to be left, drain by firm rubber tube stitched to its opening, and held in place by three rows of purse string sutures inverting gall-bladder closely around tube.

Drop gall-bladder back into abdomen, and place a second tube, or gauze and rubber dam, close against its lower side, and bring ends out of wound. The tube and gauze are secured by stitch in skin. Or the gall-bladder may, as Oschener practices, be stitched to peritoneum and deep fascia, and drainage tube inserted into it.

The gauze and second tube may be removed on ninth day, and gall-bladder drainage tube on twelvth to seventeenth day.

Washing stomach out while on operating table often saves much subsequent nausea and vomiting. After operation Deaver elevates the foot of the bed 6 inches for 24 hours to confine the exudate to the drainage area. He then places patient in sitting position.

Many prefer patient in semi-sitting position from first, others let them lie flat.

1-9 gr. morphia hypodermically makes patient more comfortable—may be repeated.

Drainage of Ducts, Etc.

Gerster says, "as to drainage after removal of the gall-bladder" my practice is to put in every case a drain to the deligated cystic duct (this is a measure of safety in case of leaking).

"Where the gall ducts themselves are infected, or where a stone is withdrawn from the common duct, there I always use a drain placed into the hepatic duct if possible—or if haste be required into the common duct, either through a direct incision into the same, or passed in through the stump of the cystic duct, if this be feasible."

He drains every dilated common duct.

Deaver drains the common duct also when pancreas and surrounding tissue show signs of recent infection, also if head of pancreas is enlarged.

Gerster says in examining for stone, palpation of the common duct is most untrustworthy, opening and examining by finger and probe is safer but not positive.

No. 1. Mrs. W., 72 years. Many years distress, 4 calculi, gall-bladder thickened, drained. Prompt recovery to good health.

No. 2. Miss C. 45 years. Gall-bladder fistula 5 years after operation by another surgeon. I removed 1 large stone, fistula healed. Drained. Good health.

No. 3. Mr. S., 56 years. Symptoms for years. One large stone removed, drained. Well 4 years, but reports distress lately.

No. 4. Mrs. D., 64 years. Attacks colic and indigestion for 6 years; 65 calculi removed, 8 being in ducts. Drained. Some gas at times, but good health.

No. 5. Mrs. F., 43 years. Attacks for years; also chronic appendicitis. Removed shrunken appendix, and 3 good sized stones. Drained. In good health.

No. 6. Mrs. A., 42 years. Severe hepatic colic for 2 years. Operation just after attack. No stone found. Drained. Temperature ran to 104 degrees F., and pulse 140 on second day. Fine health after.

No. 7. Mrs. B., 62 years. Many attacks. Removed inflammed adherent appendix and 30 small dark calculi. Drained. Much better. Later had gastro-enterostomy for pyloric contraction.

No. 8. Mrs. E., 45 years. Typical hepatic colic for years. Operation after attack. Removed diseased appendix. No calculi, but thick, tarry bile present. Remains in good health.

No. 9. Miss B., 36 years. Typhoid history, and many attacks colic no calculi found thick bile. Drained. Removed adherent appendix. Grew fleshy and in good health.

No. 10. Mrs. N., 36 years. History of gall-stone attacks for 18 years. Had recently passed 24 calculi; 3 found in gall-bladder. Was weak and ill before operation. Drained. In fine health.

No. 11. Mrs. W., 38 years. Never ill before. Sudden severe attack with chill and fever 102.5 degrees F. Gall-bladder full of pus and 28 gall-stones—each like grains of corn. Drained. In good health.

No. 12. Mrs. G., 65 years. Attacks for years, chills and

fever and much pain. Very large rough stone found. Drained. Rapid recovery. Good health.

No. 13. Mrs. W., 64 years. Attacks hepatic colic and appendicitis for 20 years. Removed adherent appendix, separated adhesions whole length of ascending colon to abdominal wall. Removed stone imbedded in gall-bladder walls. Drained. Some gas pains, probably from adhesions, persist.

No. 14. Mrs. F., 40 years. History hepatic colic; no stone found. Drained. In good health.

No. 15. Miss M., 20 years. Typhoid 6 years ago. Several attacks colic; 35 stones removed. Drained. Great gain in flesh and health.

No. 16. Mrs. G., 49 years. Jaundiced from many attacks, operation under quinine and urea on account of severe mitral lesion; 3 stones; little pain, no shock. Drained. Health better, but died in 2 years from mitral disease.

No. 17. Mr. W., 56 years. Severe indigestion and colic attacks. Gall-bladder adherent, distended; with gangrenous but unbroken spot on fundus; 20 stones—some in ducts removed. Drained. Gas for a time, then in good health.

No. 18. Mrs. B., 50 years. For years hepatic colic and appendicitis; 4 large stones removed. Appendix tip dilated and full of pus, removed. Marked improvement in appearance and health.

No. 19. Mr. W., 29 years. History of typhoid, appendicitis, and lately hepatic colic. Much gastric distress, and fever 102 at times. No stones found. Drained. Now in good health.

No. 20. Mrs. G. 70 years. Jaundice and colic. No stone could be found. Drained. Fistula 1 year, health poor, lost flesh.

No. 21. Same patient now 77 years. On opening, immediately felt large, long stone in common duct. Removed stone and made button anastomasis to duedenum. Rapid recovery to good health and gain in flesh. Fistula closed.

No. 22. Dr. K., 46 years. Typhoid when 8. Many attacks colic for years. Liver swollen, adhesions, gall-bladder very far back and size of small thimble. Contained 1 stone and yellow debris. Exercised gall-bladder. In fine health.

No. 23. Mrs. J. 55 years. History of many attacks hepatic colic. No stone found; drained. Is in good health.

No. 24. Mrs. B., 47 years. Many attacks, some jaundice; no stone found. Drained. In good health.

No. 25. Mrs. McD., 51 years. Several attacks; 15 stones and pus in gall-bladder. Drained: 3 stones escaped by drain.

Required formin for gas often. Had a vaginal hysterectomy 5 months previously. In fair health.

No. 26. Miss B. Morphine user for 9 years for hepatic colic. Used 9 grs. in 20 minutes once. Had taken 8 quarts of "Sanol" advertised (I am sorry to say, in Canadian Medical Journals) to dissolve gall-stones. Removed 25 calculi, which were not even eroded. Drained. Quit morphia, and is in good health.

No. 27. Mrs. E., 48 years. Puerperal fever 20 years ago. Very strong. Attacks indigestion for 4 months. Removed 2 large calculi. Drained. Rapid gain to good health.

No. 28. Mrs. R., 63 years. Attacks indigestion and colic for 30 years; 35 gall-stones removed. Drained. Improving, but some gas at times.

No. 29. Mrs. W., 53 years. Recovering from severe attack with jaundice; 6 stones removed. Drained. Gaining rapidly.

No. 30. Mrs. T. Severe attack with fever 102.3 degrees F., subsiding. Gall-bladder with 14 stones and full of pus, adherent to everything possible. Drained. Rapidly regaining health.

No. 31. Mrs. C., 56 years. Many attacks for years. Dense adhesions to everything near. No stone removed. Drained. Feels better but occasional pains from gas and adhesions.

No. 32. Mrs. H., 48 years. Previous attacks. Gall-bladder felt distended and low in abdomen; 24 small stones, some in ducts removed. Drained. In good health.

No. 33. Mrs. M., 65 years. Nervous, colic and gastric distress. Adherent appendix and 2 gall-stones removed. General health better, but still nervous.

No. 34. Mrs. P., 52 years. Indigestion, bad color and colic; 4 stones removed. Improved, but some gas.

No. 35. Mrs. R., 61 years. Years of indigestion and colic. Taking formin induced attacks. Liver adherent to colon and abdomen; dense adhesions under these. Pancreas head felt enlarged and hard. Gall-bladder and cystic duct contracted to form only a swelling at junction of hepatic and common ducts. These ducts were dilated 2 c. m. in caliber, and contained 24 stones. Rubber tube passed up into hepatic duct and stitched. Drained. Recovering.

No. 36. Miss J., 20 years. First attack, 3 days ill, tender gall-bladder and appendix. Removed appendix full of blood clots and feces. Drained distended gall-bladder. No stone. Recovering.

No. 37. Mrs. B., 67 years. History of hepatic colic for

years. Rounded mass felt at gall-bladder. Exploratory incision showed cancerous gall-bladder size of goose egg. Not removed, as condition forbid attempt. Slowly losing ground.

No. 38. Mrs. C., 39 years. History of indigestion, "gastritis" and attacks of colic mostly at night. No jaundice. Seven cube shaped gall-stones (large) removed; one being tightly wedged in cystic duct. Recovering.

No. 39. Mrs. C., 43 years. History of severe attack appendicitis and peritonitis 3 years ago. Lately hepatic colic, mostly during night. Operation showed complete separation of appendix (which contained large concretion) from caecum. Appendix removed, and eight small gall-stones from gall-bladder.

These cholangitis patients often suffer greatly from indigestion, gas, nausea and vomiting, besides attacks of severe colic and risk of life.

Their relief and gratitude are correspondingly great when cured either by medical or surgical means. Up to the present I have operated on thirty-six cases in various stages, without death.

Some were in their own homes—No. 35—the most difficult operation, being at midnight by lamplight in a farm house.

Practically all were cured or much improved in health. The results assist in showing that with reasonable technic, and choice of time, these patients may safely be given the benefit of operation at home or in a hospital. Only 4 out of the 39 were men.

If skin becomes excoriated from pancreatic secretion escaping by tube during drainage, apply equal parts tr. benzoin co. and glycerine to skin, then rubbing on sterile zinc oxide, soothes the skin forming a protective varnish.

The subject is big, so I have tried briefly the chief points from authorities, bearing on the nature of Cholangitis symptoms, medical and surgical treatment and probable results.

KALI MUR. IN INFLAMMATIONS OF THE EYE

Dr. G. W. Harvey, Bigpine, Cal.

Read Before the California Eclectic Medical Society.

Remarkable results often follow this remedy in inflammation and even in hemorrhages of the cavities of the eye.

About two years ago a piano tuner sent for me to come and treat his eye. I found him in a perfectly dark room suf-

fering agonies from a pain in his right eye, which was aggravated in the extreme by the light of even a tallow candle. The eyeball was tense and hard, with a severe conjunctivitis, and the whole anterior chamber of the eye was filled with blood, and as nearly as I could make out extended back behind the iris and lens. He was, of course, entirely blind so far as distinguishing objects was concerned.

To reduce the fever and conjunctivitis I gave him aconite and rhus tox aa gtts, five in half a glass of water, one teaspoonful every hour, and for the inflammation and hemorrhage of the internal structures I gave him kali mur. 3x, 2 grs. every hour alternating with the aconite and rhus tox, every half hour. For a lotion I used ten drops of Lloyd's hydrastis in 2 drams of rose water and ordered a drop or two in the eye every two or three hours.

This treatment restored the eye to a perfectly normal condition in the short space of five days, and it still remains normal.

I would recommend a careful study of the so-called tissue remedies, for they do remarkable work in cases where indicated, and above all, do not forget this remedy in inflammations of the internal structures of the eye.

SPECIFIC DIAGNOSIS

H. C. Smith, M. D., Los Angeles, California

Obviously, this term is applicable to any method of diagnosis which demonstrates a specific condition either anatomic, physiologic or pathologic. The German notion of medical practice that "all is diagnosis—after that nothing," naturally developed the art of diagnosis to a high degree of perfection. This development was made possible because of the fact that they nearly always had an opportunity to check up their conclusions and verify or disprove their deductions at the autopsy. "To be diagnosed by Skoda, and autopsied by Rokitansky" was considered all that any diseased human being should have the temerity to ask. This theory was accepted readily, not only by the American profession to whom anything bearing the German trade-mark is held sacred, but also by the mass of the profession, for had they not been taught that the pathological lesions which were demonstrable at autopsy, with few exceptions, were not curable by known remedial measures?

The theory and practice of antisepsis as inaugurated by Lord Lister, and later developed into the more perfect routine practice of asepsis gave surgery to the profession as a remedial

measure for this phase of pathology; this lent added zeal to the diagnostician, and surgical diagnosis has become very specific indeed, so that the so-called regular profession, during the last two or three decades has to all intents and purposes converted the German axiom into "After diagnosis—surgery."

Dr. John H. Scudder through his wide knowledge of the means and methods of the various schools of practice and his personal observation, realized that the vast majority of patients the physician is called upon to treat are suffering from the effects of pathologic physiology, and that in most instances these phenomena are within the range of influence of ordinary remedial measures.

Having this in mind, he set about observing—and collating the results of his observation—the general manifestations of disease action, or, to be more specific, the symptoms of pathologic physiology and wherever possible the symptoms of pathologic anatomy. To this plan of observation he applied the term: Specific Diagnosis.

At the same time Dr. Scudder originated Specific Medication; that is, his knowledge of the actions of medicines upon the various parts of the human economy enabled him, when he observed the symptoms incident to disturbance of a part, to administer a remedy the action of which was opposite, contrary, or remedial to that of the action of the disease on the part.

For example: An irritation of the central nervous system is evidenced by these symptoms: Face flushed, eyes bright, pupils contracted, head hot and aching; hypersensitiveness, especially of the motor nerves. The patient is restless and his movements spasmodic; every action exaggerated, when asked to turn he throws himself over. The cause of this is active hyperemia of the central nervous system, and the remedy is Gelsemium. Why? Because experiments to determine the physiological action of Gelsemium have shown that it is a depressant to the central nervous system, acting directly through the circulation; and clinical experience has proven both propositions true. If, in addition to these symptoms, there is irritation of the somesthetic centers and sexual apparatus, the bromides instead will control the entire train of symptoms. Why not the bromides in both instances? Because Gelsemium is a pleasant remedy with a kindly action upon the stomach; the bromides are the reverse.

This is specific diagnosis and medication as Dr. Scudder saw and expounded them. His observations were so universal and exact the foundation he laid so broad, that the additions

made by Eclectics since his death are insignificant in comparison. Consequently some of our ultra-scientific eclectics choose to flock with the brethren of the dominant school, claiming that "Eclectics have done nothing for ten, or twenty, or thirty years"—the number of years given depending upon the individual who is excusing or defending his course.

If the father of Specific Diagnosis lived today he would be the first to avail himself of every modern instrument of diagnostic precision and Eclectics in general are doing so; but the time has not, nor never will, come when the physicians who understand the principles of Specific Diagnosis can dispense with that method altogether in favor of modern ultra-scientific methods—especially when ready to treat the patient.

The cardiograph, sphygmograph and sphygmomanometer are diagnostic instruments of incalculable value and should be freely used; but after every test has been made with all of them, is the knowledge gained thereby of any particular value in differentiating between the various causes of arterial tension, except in a few chronic diseases? Will they tell you that there is an irritation of the nerve ends that is causing contraction of the arterioles, interfering with heat elimination, increasing oxidation, elevating body temperature and producing a hard, small, frequent pulse? Will they parade Aconite before your vision as the remedy for the pathological condition as Specific Diagnosis does?

Will they tell you that the hypertension is due to irritation of circular muscle fibre, particularly of the heart and arterioles, producing a big, full, bounding pulse? The cardiograph or sphygmograph may; but not any better than Specific Diagnosis which not only tells us the disease conditions, but immediately suggests the remedy—Veratrum.

Will they tell you when arterial hypotension is the result of atony of the central nervous system, and suggest the remedy as Specific Diagnosis does?

These instruments measure and indicate the degree of arterial tension; Specific Diagnosis tells the cause and character.

This illustrates the difference between the two methods, and shows the advantages of possessing a knowledge of both.

If any Eclectic is wavering in his allegiance to Eclecticism, let him first review Specific Diagnosis and Specific Medication; study the so-called Regular medicine, then try to practice Allopathy. If he studies Specific Diagnosis and Specific Medication long and thoroughly enough to understand them, he will again become a loyal Eclectic, unless he seeks some selfish purpose, or position, and thinks prestige and power may be gained by wandering away from the fold.

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COLLEGE STUDENTS

Again we are beginning another term at the College. There is the usual stir and bustle incident to getting the new students settled in comfortable lodging quarters, and their work arranged so that it may be carried on expeditiously and profitably. Conflicting hours must be rearranged somehow so that all may have an equal chance at the fountain of knowledge. On the first day it is confusion worse confounded, but in two or three days the clouds break a little, the sky clears and the race is on. A most interesting sight is this race! Some of the entries are fast, while some are slow. Some make a good "get away," while others are strong at the finish.

Between the start and the finish there is a great deal of hard work and this is where consistent and persistent effort counts. Occasionally a brilliant man makes a success of his chosen life work, but for the most part successful men are just plain plodders—men who are willing to work when the other fellow is at the "movies." The safe tip in this race is to bet on the plodder.

PROPOSED NEW STATE MEDICAL LAW

The initiative medical bill, for which sufficient signatures have been secured to place it on the ballot of the fall election, was prepared for drugless physicians of California by a committee of seven members of different schools of drugless therapy, who are familiar with every drugless bill that has been proposed. Neither the naturopaths nor the osteopaths were consulted, because they are legalized, and therefore not specially interested.

The aim was to draw up a measure that would be impartial to all. The members of the committee are aware that it is utterly impossible to get a bill through the legislature under present conditions. This bill gives a license to practice any method, no matter what drugless system a person may belong to. All he has to do is to register within six months after the bill is passed, and he is not required to take an examination, if he has been practicing six months prior to the passage of the bill.

The bill provides for a State Board of Examiners for drugless physicians, entirely apart, independent and separate from any medical board whatever. It provides for every drugless system in California to have one member on the board to represent his system and no one system shall have more than two members on the board, so that no one system can monopolize the board and no partiality can be shown to any system.

The Medical Trust controls a majority of the members of each legislature, but it cannot control the votes of the people. The bill has been placed upon the ballot for the coming election and together with other measures that affect the people, it will be voted upon. Once passed it becomes a law and cannot be changed by legislation or juggled by the Medical Trust—Brain and Brawn.

PREACH IT TO THE MULTITUDE

Modesty is commendable.

Real worth shrinks from competing with charlatans in the open market place.

Yet it ill becomes those who have something of real value to defend, those who have a mission to perform, to hide in a dark corner, either because they consider it below their dignity to defend themselves, or because they are too bashful.

For if you have something of real value, such modesty is false modesty, such dignity savors of indifference, such bashfulness of cowardice.

What would you think of patriots who, when their country is attacked, sneak one by one, stealthily into a dark cellar, there to unfurl their flag, there to hold patriotic speeches, there to rally around their banner?

Then, carefully packing the flag again into its receptacle, carefully hide it away, and then carefully, quietly and stealthily walk out again, one by one, as they walked in?

Patriots they?

Nay, cowards.

But what shall we say of physicians, whose forefathers have fought a fight against blood-letting and have won, against mercurial abuses and have won, against starving fevers and have won—whose forefathers have fought the fight as pioneers against tremendous odds—what shall we say of physicians, who seem to be willing to waste this, their heritage, for no other reason but that they are suffering partly from that false modesty which hides its light under a bushel—partly from that indifference, which under the guise of false dignity thinks not of the tomorrow.

What shall we say of them?

What shall we say to them?

Too long have they rallied around their flag in a dark cellar.

Too long have they listened to patriotic speeches among themselves.

What is the use of preaching the Koran to the Turk, the Talmud to the Jew, the Gospel to the Christian?

If you wish to make converts, go out into the wilderness, go out among the heathen and teach the gospel unto them.

No matter how long and how frequently you expound socialistic doctrines to thousands of socialists you cannot make one socialist convert in that way.

The only way to do this, is to preach socialism to democrats, to republicans, to monarchists.

We have known the day when Eclecticism had to fight for its existence.

This kept it alive, this kept it awake.

But now, when the fight against Eclecticism has ceased, Eclecticism is in greater danger than ever before.

It is likely to fall asleep on account of the inertia, of the modesty, of the indifference of its adherents.

Propaganda is what we need.

Propaganda among outsiders, among the public.

Eclectic Propaganda.

Stop shouting Eclecticism to each other at your meetings.

We know that Eclecticism is good and we know that you know it.

But how about your neighbors?

Do they know anything about it?

Do they know whether you are an Eclectic or a physician of another creed?

Have you told them what Eclecticism means?

Have you told those patients whom you have cured that they have to thank for their cure not only the fact that you were their physician, but that you are an Eclectic physician?

Have you in all the years of your practice made Eclectic Propaganda?

Don't tell me that you have defended Eclecticism when it was attacked by an allopath.

I know you have?

You had to.

Even a hare will defend himself when attacked.

But have you of your own free will preached Eclecticism to the multitude?

Have you? Have you? Have you?

No, you have not.

But you are forgiven.

Only, go hence and sin no more.

From today on preach Eclecticism to the world.

Eclectic Propaganda from today on.

—A. A. A. in Eclectic Review.

"J. L." GETS THE NUDE IN HIS NOODLE, DISROBES AND ADVENTURES BACK TO NATURE

Sees Snix, Dives for Fish, Wears Vegetable Trousers and Gets Poison Oak, Roosts in a Tree and Has All Sorts of a Time on First Day

SOMEWHERE ALONG THE EEL RIVER—This is the evening of the first day of my efforts to duplicate the nature stunt of Joe Knowles, and I am writing this on bark, using blood in lieu of ink and a pen manufactured from one of my toe nails which I tore off in hurriedly climbing a tree to avoid a snake. I have an abundance of writing fluid, due to unavoidable contact with blackberry bushes.

Accompanied by press representatives, photographer and my chauffeur I left Ukiah yesterday and journeyed to the headwaters of the Eel river so as to be ready for an early start today, and arrived without mishaps.

At 6 a. m. I disrobed, hung my clothes on a limb, shook hands with everyone, and started out to make a conquest of nature. My first steps were made rather gingerly not being used to going barefooted, and before I could run across any madrone bark, which peels easily I was kept pretty busy picking the stickers out of my feet.

Stopping and making moccasins out of bark, I was able to make a little better time, but began to realize the necessity of securing a pair of pants, as I had lost numerous patches of hide from contact with the brush.

I suppose that Knowles would dig a pit with his hands, trap a bear and skin him, and get plenty of material for clothes, but it looks to me as if I would have to run down a deer or be arrested for indecent exposure.

Remembering the experience of Adam in the Garden of Eden, I fastened a number of branches from convenient bushes around my waist, using bark from the wild grapes as a belt. It is not particularly warm, but helps to keep off the flies, and I feel a little more respectable.

Breakfast came easier than my wearing apparel as there are plenty of blackberries and madrone berries and water galore.

I spent an hour trying to procure fire by rubbing two pieces of stick together, but only succeeded in getting into a sweat without even making a smoke. Guess the aborigines are either huskier than I am or the wood I used was N. G. Don't know what good a fire would be anyway, as I have nothing to cook.

The mosquitoes came out in force and I had to go down to the creek and daub myself with mud for protection. Had to shuck my trousers, as I must have gotten hold of some poison oak leaves, judging from the appearance of my lower extremities. Would give $50 for some poison oak salve, but there is nothing available but mud, and that gives mighty little relief. Would try Christian Science if I had a copy of Mrs. Eddy's "Science and Health" to wise up on.

By noon I was as hungry as a wolf and tried to catch some fish a la Knowles by diving for them. Succeeded in scooping out a small sucker and some water dogs.

Knowles is a liar when he talks about it being easy to catch fish by diving after them.

Dressed the sucker with a sharp rock and tried to eat it raw, but it would not stay down, so did not try the water dogs.

Gee, but I was hungry. Was tempted to imitate John the Baptist, as I saw plenty of grasshoppers, but, after biting into

one of them, concluded that they were not good substitutes for locusts. Had to finally fill up on acorns, huckleberries and mushrooms.

Ran across a skunk and concluded that a sealskin made from mephitis mephitica would not be so bad, so tried to kill it with a club, but missed the first blow and did not wait for a second, as the air was too thick.

Concluded that I had better find a house before night arrived, and was lucky to find a hollow tree. Went inside and knocked down a hornets' nest, so departed rather hastily, missing my way in my excitement and plowing through an acre of blackberry vines with my bare legs before reaching the creek, just ahead of the main body of hornets.

Lost my sandals and the arbor I had constructed around my legs in my mad flight, so had to start all over again to provide a wardrobe.

I climbed a tree and got a lot of Spanish moss which I tied around my aching body with pieces of grape vine, making a pretty comfortable suit, the only drawback being that I shed it in chunks in bucking brush.

Just about this time I got an attack of cholera morbus from the cow food I had been eating, and for a while I thought it was all off with little Willie.

Remembering that dogs eat grass when they are sick I browsed a while and the grass being a good emetic I soon recovered, though considerably the worse for wear.

Blundering onto a cave, just as it was growing dusk, and after investigating and finding no snakes or hornets, I concluded to lease it while I am doing this nature stunt, so, after gathering plenty of leaves and moss, decided to go to bed.

This has surely been a strenuous day, and I find that I have not made any great success in conquering nature as yet.

Have several stone bruises on my feet, my back is blistered, am covered with mosquito bites, one side of my head is swollen up from my experience with the hornets, my legs are a sight from poison oak and I am so empty that I can feel my backbone through my stomach.

Well, better luck tomorrow. Old Adam made a go of it and with all my inherited instincts I should have a better chance than he had, especially as I am not handicapped with a woman.

If I live through the experience of tomorrow will send the second instalment of this harrowing tale.

Yours sincerely, J. L.

—From San Francisco Bulletin.

HINTS AND WINNOWINGS

More Eclectic physicians are needed to meet the demand that comes from all parts of the United States. Every state in the Union has many good locations open to them. The New England states especially are in need of well educated Eclectic men and women. These eastern locations are very desirable from every point of view. The roads are good, schools are excellent and prosperous churches represent every religions denomination. The people as a rule are able and willing to pay their bills. The Eclectics scattered throughout the New England states, though few in numbers, have done a good work in introducing to the people of the eastern states the benificent and efficient principles of modern Eclecticism. In this work much opposition and bigotry had to be overcome, but the old guard, in most instances, have proved equal to the task. In the meantime, however, these pioneers have grown old in the service, and in the course of human events within a few years will desire to place the management of their societies in younger hands. When the time comes for this change of responsibility, are there to be young men and women ready to receive the legacy and take up the work of providing a rational treatment for the sick of these states, or must New England Eclecticism cease to be a power for good when its present advocates and defenders no longer continue active work in this field of honorable endeavor? This, brother Eclectic, is an important question, and unless more young men and women can be induced to attend our colleges, the answer will not prove a difficult one. The locations are many and the demand is great, but, young Eclectic physicians are few—too few to cover even a small part of the territory. In Connecticut alone, for instance, there are at least fifty locations where an Eclectic physician, thoroughly grounded in Specific Medication, could readily build up a remunerative practice, and all the towns and cities referred to afford excellent opportunities for making comfortable homes. The Eclectic State Society in this state is among the oldest of our societies, and during its many years of existence has accomplished much good work. Its present membership, however, is largely composed of elderly men who live long distances from suitable places for holding their annual and semi-annual meetings, and consequently these meetings are not as largely attended as they were in former years. A few young men could easily make this society a valuable means of advancing the interests of modern Eclecticism.—Eclectic Review.

SOCIETY CALENDAR

National Eclectic Medical Association meets in San Francisco, June, 1915. T. D. Alderman, M. D., New York, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco May, 1915. A. J. Atkins, M. D., San Francisco, President; H. F. Scudder, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 5, 1915, O. C. Darling, M. D., Riverside, President; H. C. Smith, M. D., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. H. T. Cox, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

COLLEGE NOTES

Herbert T. Cox, M. D.

The C. E. M. C. opened on September 14th, 1914, for the thirty-sixth session and its eighth session since coming to Los Angeles. The schedule of lectures began at 8 a. m. in regular order, without any general assembly. A good attendance was present the first day, and has been increasing from day to day since, with good prospects for a prosperous year ahead of us. The teaching staff has been materially strengthened by the addition of instructors in the most important chairs. which will demand closer application to work on the part of the student. Each instructor and professor will endeavor to bring the standard of scholarship up to the biggest possible degree by having as a motto "Not Quantity But Quality."

The clinic is being thoroughly organized under the able leadership of Prof. Barbrick and special clinics will be held on certain days in the main branches, an announcement of these particular hours will be made later through these columns, so that the practitioners of the city may be enabled to direct suitable cases to the proper clinic whenever they may have patients who need the services of a free clinic.

Prof. Baird has been a very busy man during vacation, as he always is for that matter. He has been greatly enlarging and improving his already delightful home on the hillside out in the foothills of the Annandale district.

H. J. C. Sprehn, M. D., graduate in class of 1913, has accepted a position in charge of the Hydrotherapy department of an Anaheim sanatorium.

Prof. T. C. Young got the annual infection with the "Mountain Fever"; this time the indications for the specific treatment pointed to a two weeks' outing at Lake Tahoe.

Owing to an error the clinical hours mentioned as from 1 to 2 p. m. in last month's News Items should read from 12 to 2 p. m., which are the new hours.

GAVE IT TO HIS UNCLE

"Doctor," said the young man with the jingling pockets, "I have come to thank you for your valuable medicine."

"So it helped you, did it?" replied the doctor, smiling. "I am very glad."

The young man nodded.

"It helped me wonderfully," he said.

"And how many bottles did you take?" inquired the medico.

"Oh, I didn't take any of it!" replied young fur coat. "But uncle took one bottle, and now I am his sole heir."—Answers.

Howard—"When Dr. Incision operated on me he left a pair of surgical scissors in my anatomy. Can I sue him for damages?"

Lawyer—"Better just send him a large bill for storage."—Life.

"They do say that her husband has acquired locomotor ataxia," said a lady who possessed money but had had no education. "I don't think much of those cheap cars; my husband bought a best Mercedes!"—Medical Times.

Professor of Bacteriology (to empty-headed "swell")—"Twenty thousand microbes can be counted on that small surface."

Swell—"Ah, indeed! How beastly overcrowded everything is nowadays!"—Medical Times.

J. J. McGraw, the baseball expert, denied, at a banquet in New York, the marvels attributed to the spit ball.

"It's a good ball," he said. "It fools the best of them. But when I hear some of the miracles put to its credit—well, then I think of Harriet Hare, of 'Frisco.

"I once read in a 'Frisco paper: 'Harriet Hare, of Nob Hill, got a needle in her waist two years ago, and only last week this needle worked its way out of the arm of a young Los Angeles rose farmer.' "—Popular Electricity.

NEWS ITEMS

Dr. O. C. Darling announces the marriage of his daughter Pauline to Hermann Heinrich Zornig, lieutenant coast artillery corps, U. S. A., on Aug. 25, 1914, at Riverside. At home, Fort Kamehameha, Hawaiian Islands.

Dr. G. W. Groth, C. E. M. C., 1914, has located at 1421 Toberman street, Los Angeles.

Dr. Robert Evans, C. E. M. C., 1913, has changed his address to Trona, San Bernardino county, California.

Dr. E. R. Petskey, Metcalf, Arizona, writes that because of the war the mines with which he is connected will have to close down.

Dr. L. E. Russell, Cincinnati, paid Los Angeles a flying visit in September. Since Dr. Russell contracted the California fever he comes often and we are always pleased to see him.

Dr. A. J. Atkins, president of the California Eclectic Medical Society and chairman of the entertainment committee of the National Eclectic Medical Society, writes that the best time to visit the fair in San Francisco in 1915 will be June. At that time of year the climate is at its best, cool and delightful. In the evenings the temperature ranges from 60 to 65 F., which calls for a light overcoat. The committee plans to take good care of all visitors to the National Eclectic Medical Society meeting and it will greatly facilitate matters if they are notified as far in advance as possible. No excessive rates will be allowed and the committee promises everyone a real California welcome and those who attended the 1907 meeting in Los Angeles will know what that means. In 1907 the only complaints heard were from those who had planned to leave California as soon as the convention ended.

Dr. M. Blanche Bolton, San Pedro, has returned from her vacation spent in Alaska.

THE PROPER PLACE

A little boy was given too much underdone pie for his supper and was soon roaring lustily.

His mother's visitor was visibly disturbed.

"If he was my child," she said, "he'd got a good, sound spanking."

"He deserves it," the mother admitted, "but I don't believe in spanking him on a full stomach."

"Neither do I," said the visitor, "but I'd turn him over."
—Success.

Once upon a time a child which was asked upon an examination paper to define a mountain range, replied: "A large-sized cook stove." The same method of reasoning seems to go with older growth. A recent examination paper at the Sheffield scientific school at Yale contained the question: "What is the office of the gastric juice?" And the answer on the paper said, "The stomach."

CLUB RATES

The various Eclectic publishers have decided to renew their special club offers to April 1, 1914, on a straight 10 per cent reduction, where two or more journals are ordered at one time. If you are not familiar with any of these journals, samples may be obtained on request.

	Price.	Club Rate.
American Med. Journal, 5255 Page Ave., St. Louis, Mo.	$1.00	$ .90
California Eclectic Med. Journal, 818 Security Bldg., Los Angeles	1.00	.90
Eclectic Medical Journal, 630 W. 6th, Cincinnati, Ohio	2.00	1.80
Eclectic Medical Review, 242 W. 73rd St., New York, N. Y.	1.00	.90
Ellingwood's Therapeutist, 32 N. State St., Chicago, Ill.	1.00	.90
National E. M. A. Quarterly, 630 W. 6th, Cincinnati, Ohio	1.00	.90
Nebraska Medical Outlook, Bethany, Nebr.	1.00	.90
Therapeutics and Dietetics, 703 Washington St., Dorchester, Boston, Mass.	1.00	.90

You may subscribe to any or all of the above journals through this office, the only condition being that subscriptions are paid in advance and 10 per cent discount allowed on an order for two or more, including this Journal.

The California Eclectic Medical Journal

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Original Contributions

LOBELIA SUBCULOYD.

Dr. E. A. Ormsby, Centerville, Cal.

Read before the California State Eclectic Medical Society.

My purpose in discussing subculoyd lobelia is not to present any new use for this well known drug. In fact there are few drugs, or substances, worthy attention in the treatment of disease which are not known to modern materia medica and that branch of medicine has become woefully top heavy. No man is capable of acquiring a full knowledge of its contents. I take it for granted that is the reason for so much therapeutic nihilism in the profession generally and must ever remain a bone of contention, as long as our practice is based on drugs. It requires a life time, or more, to learn the uses of one drug, and then some, and lobelia is not an exception to that statement. All of a sudden we are awakening to the fact that lobelia has more uses and dependable qualities than were generally known, after nearly a century of use as a medicine. If such be a fact in the history of one drug, what hope is there of any person becoming fully acquainted with all the uses of the many good drugs we have, in the treatment of disease. I wish simply to describe a condition in the course of a disease, when if the drug is properly administered, to be very effective in overcoming the disease symptoms. I refer to pneumonia, and even there must follow the plan of selection to gain success. It is unreasonable to expect any remedy to gain a victory, over disease or cure the patient, when it has to battle with unsurmountable odds. The condition to which your attention is called, where hypodermic lobelia is of especial value, is in the primary, or congestive stage. Fever high, breathing hurried and cough painful, bronchial mucous tough and expectorated with difficulty, capillary circulation sluggish, heart weak in action and becoming intermittent, patient restless and very apprehensive

of danger. Then give to an adult, hypodermieally, 30 gtt of subeuloyd lobelia and in one hour order nurse to repeat dose, if you are not there to give it. In two or three hours after first dose, return and note the transformation in your patient's eondition. Fever some lower, no labored breathing, no pain, eolor more normal, heart aetion firmer and steadier, expeetoration easier, patient easy and eomfortable, possibly asleep. Skin and membranes seereting, where before they were dry and harsh to touch. If the indicated symptoms return, repeat the remedy as needed to keep the patient eomfortable, until satisfied he or she is on the road to eonvaleseence. General treatment of pneumonia has been omitted, for it was not the objeet of the paper. If the remedy is used as advised, with the symptoms indieated present and no neeessarily fatal eomplieation with the disease, you are eertain to have happy results, as already proven in my experienee. Dr. Mason of Lodi, Cal., in 1906, gave me this abortive treatment for pneumonia at that time, whieh eonsisted of a thorough relaxation of the patient with apomorphia, if the heart permitted, and then followed with aetive doses of quinine, always eareful to empty the bowel with the other treatment, but with subeuloyd lobelia a weak heart does not eontraindieate it, and the relaxation is very satisfaetory, without any depressing effeets.

CHOREA: ITS DIRECT TREATMENT

A. S. Tuchler, M. D., San Francisco, Cal.

Read before the California Eeleetie Medieal Soeiety.

This disease is eharaeterized by involuntary movements of the organs of volition, or some portion thereof, due to irritation of the eerebro-spinal nervous system, may be reflex or otherwise; also debility, low blood pressure, and a general devitalized eondition of the system, but no pain.

In ehildhood the eause is usually due to some reflex irritation, to overstudy, or otherwise overtaxing the vital forees, also an improper diet. Mimiery is a great faetor in spreading this disease among the little ones.

The eause in adults will usually be found in whom too mueh pressure has been applied in meeting the exigeneies of soeial funetions or of business demands, and a negleet of the laws of health in referenee to diet and rest.

In the treatment of this disease two faetors must be observed—that of atony and irritation.

Atony is usually found in those of a bilious or phlegmatie temperament. In these eases one will note a lethargie eondi-

tion of the body and an indifferent state of the mind of the individual. The tongue is broad and puffy and usually coated with a thick yellow fur. Irritation is characteristic of the nervous temperament. The tongue is usually red and pointed, with a slight coating upon its surface. In this condition the alkalinity of the secretions of the system is characteristic, while in the former (atony) the acidity of the secretions, prevails, and this state of affairs must be corrected before well-tried remedies will exert their benign influence.

There is one remedy which stands forth above all others in controlling the involuntary convulsive movements of this disease and that is known in medical parlance as solanum, or horse nettle.

Specific medicine solanum in five to ten-drop doses four times a day will soon bring comfort to your patient.

Specific medicine gelsemium in one-drop doses every two or three hours or oftener will be called for when the spasmodic movements are pronounced with congestion of nerve centers shown by the flushed face, bright eyes with contracted pupils.

Specific medicine scutellaria from five to ten-drop doses every half hour, or every hour, will allay nervous tremors and excitability and in connection with gelsemium is the ideal sedative in these cases.

Specific medicine cypripedium in from ten to thirty drops every three hours or oftener will be indicated in atonic states and will procure rest and sleep, and if persisted in will be curative in a few weeks.

Specific medicine macrotys in three-drop doses every three hours will be called for when this condition is due to uterine or sexual irritation.

Fluid extract viseum album in five to ten-drop doses every three hours is indicated in those cases due to menopause disorders, according to the late Dr. Laws.

Strychnine and nuclein must not be overlooked, as these vital incitors will be found of the utmost importance in restoring the patient to a normal condition. The high-frequency current also adds much to the improvement of the nutrition of the nerve centers.

I wish to impress upon you this fact, that when your remedy or remedies have been decided upon as indicated do not change then unless the condition of the patient calls for other remedies, for it is by this direct treatment as heretofore outlined, that success will crown your efforts in treating this disease in the space of two or three weeks.

CONGENITAL MALFORMATIONS AS SEEN IN THE CHILD

Herbert T. Cox, M. D., Los Angeles

Read before the California Eclectic Medical Society

In writing this paper I have no apology to offer to the Section on Obstetrics, because the minute the child is born the field of obstetrics is gradually absorbed by that of pediatrics, especially if the obstetrician be the common unspecialized family practitioner. Furthermore, certain anomalies may not attract attention for some time after birth, although it should be the duty of every physician to make a thorough examination of the child as soon as possible. Such anomalies, when discovered by the parents, or called to their attention by the physician, should be intelligently explained; and it should not simply be stated that "the child is not just right" or that "it has not developed properly."

It is not the purpose of this paper to discuss the various monsters and curiosities described in Pathology and Teratology, or even to mention the many various anomalies which occur in the internal organs and have no particular effect upon the health of the individual; but to simply place before our minds a few of the more noticeable external malformations that may affect the appearance or health of the individual, and certain internal ones that may account for certain conditions, or symptoms in the growing child. For having in our mind what to see and where to see it aids us materially in that seeing sometimes.

If we remember that the embryo develops from a mass of undifferentiated and proliferating cells which group themselves and become differentiated into adult types and form tissues and organs, as the organism grows, and that in so doing the cells follow certain fixed methods, it simplifies things for us. In the early stages of all the systems and organs there is an attempt at symmetry, i. e., one lateral half is the exact duplicate of the other; but by growth or degeneration of certain temporary parts the asymmetry of the adult is brought about. The dorsal median line and the ventral median line mark the clefts or joining of some of the external portions, which retain their symmetry. Such clefts may be the seat of non-union.

Cell proliferation, growth, budding, invagination and evagination govern the outlining or formation of structures; and cell degeneration, migration and cell or tissue atrophy

govern the evolution of permanent structures from temporary; or the destruction of temporary parts. The development of any one or more of the above processes under or over the normal accounts for nearly all the malformations, the same as their development to the proper extent accounts for the normal. It is not within the scope of this paper to describe the technic of the treatment of these various conditions, nor to discuss all the varied theories which have been offered for the existence of them. For practical purposes we will discuss the conditions according to the external divisions of the body, taking first those of the head and neck.

Probably there is no skull perfectly symmetrical, but sometimes it is decidedly asymmetrical. Cranial bones increase in size principally at their margins, and premature union of a suture hinders the growth of the skull in a direction at right angles to the line of the united margins. Premature closure of the sagittal suture produces a long head known as scaphocephaly. In premature closure of the coronal suture growth takes place upward and is called acrocephaly. Closure of one-half of the coronal or lambdoidal suture, produces an oblique growth and results in phagiocephaly. A suture sometimes exists in the median line between the two halves of the frontal bone due to lack of union; the condition is known as metopism. The malformation known as hemicrania is limited to a part of the skull, usually the posterior part; in this the brain-mass protrudes through an opening in the cranial vault and forms a tumor on the posterior portion of the head or hanging down upon the neck.

Protrusion of the cranial contents limited to circumscribed areas, and more or less complete, are known as cerebral hernia or cephalocele. It may consist of brain substance—encephalocele—or of the membranes only—meningocele—or of both—meningoencephalocele; or there may be a brain ventricle filled with fluid or sac formed by the membranes and filled with fluid.

In the region of the spinal cord varying degrees of clefts in the vertebral column may occur, known as spina bifida. The cleft may remain open or be covered by a sac-like prominence and varying degrees of hernia of the structures beneath.

In the face region and in the roof of the mouth sometimes lack of union of certain processes takes place, giving rise to hare lip and cleft palate. The lack of union of the maxillary process of the first bronchial arch with the middle nasal process results in a fissure—hare lip—which may or may not be accompanied by a cleft in the alveolar process, and it

may be bilateral or unilateral, but never in the median line. The palatine process of the maxillary process may fail to meet its fellow of the opposite side and also the vomer producing a cleft in the palate. This may be bilateral or unilateral but never mesial except if it extends back to the soft palate, that portion will be in the median line. Cleft palate may accompany hare lip or either may occur without the other.

Closure of the external auditory meatus, due to abnormal development of the first groove and surrounding portion sometimes occurs without other facial defects. Cervical fistulae communicating with the pharynx are the result of lack of closure of the grooves. The opening in the pharynx is usually in the lower part or in the posterior palatine arch near the tonsil; the external opening varies; abnormal closure may result in retention cysts or tumors in the same region, and if from the external grooves they are dermoid in character.

Total or partial lack of the anterior part of the tongue is due to imperfect development of the anterior tongue bud. The frenum may be very short or extend to near the end producing tongue-tie. Persistent portions of the thyreoglossal duct may give rise to cystic structures extending from the foramen caecum linguae to the region of the hyoid bone. Accessory thyreoid glands may arise from certain portions of the thyreoid evagination.

The extremities. Polydactyly or increase in the number of toes or fingers may occur, due to abnormal division in the distal portion of the limb bud. Any degree of deficiency may occur from total absence of an extremity to the lack of a single finger, as a factor in the production of these last conditions besides those mentioned in the beginning of this paper, we have the question of amniotic adhesions and other constricting bands.

The thorax is not subject to as many anomalies as might be supposed. Cleft sternum may be present and when near the xyphoid may allow bulging of the heart or pericardium.

Suprosternal bones or cervical ribs may be present and later cause pressure upon the nerve trunks. Certain important anomalies may occur within the thorax which account for vascular disturbances. Unequal division in the aortic bulb may produce a small pulmonary artery, so that after birth little blood can pass to the lungs, resulting in a venous stasis as shown by marked cyanosis. This is one explanation of so-called "blue babies." Persistence of the ductus arteri-

osus will produce a similar but milder cyanosis. Congenital anomalies in the position of the heart are rare, but a dextracardia may occur and is generally associated with transposition of the viscera. The most frequent anomaly in the septum is the persistence of the foramen ovale.

In abdomen and pelvis may occur many variations from the normal. The intestinal end of the yelk stalk may remain as a pouch forming Meckel's diverticulum attached to the ileum. Occasionally it remains attached at the umbilicus and after the cord stump disappears forms a congenital umbilical fistula, or it may become constricted and form a cyst. The cloacal septum may fail partially or completely to develop so that the rectum communicates with the bladder, urethra, vagina or uterus. The cloacal membrane may fail to degenerate producing an atresia of the anus.

The kidney may be more or less movable, or it may be floating, in which case it will have a well marked mesentery. Congenital cysts of the kidney are not uncommon, and may be very large, seriously or fatally interfering with the function of other abdominal organs.

In the male the ureters may open into the seminal vesicles, prostatic urethra or rectum, and in the female they may open into the urethra, the vagina or uterus, all of which is explained by the developmental relation of these tubes to the Wolffian and Mullerian ducts and the cloaca.

The urachus, which is the portion of the allantoic duct between the bladder and the umbilicus, may persist allowing a urinary fistula to exist or disconnected portions may persist and dilating form cysts.

The ventral fissure may not close in the lower abdominal wall giving rise to vesical fissure, which is the most serious malformation of the bladder, the integument being continuous with the lining of the bladder. The urethra of both sexes may be abnormally large or abnormally small or partly occluded. In the male a mere furrow along the lower portion of the penis may indicate the urethra (hypospodias) the opening being sometimes as far back as the base of the scrotum and occasionally the lack of fusion between the genital folds extends back as far as the prostate gland, the two halves of the scrotum being separated. When the urethral cleft and opening are found on the dorsum of the penis we have an epispadias.

Chryptorchism or undescended testicle is one of the most common malformations of the male genital glands; they may occupy their original position, lie near or in the inguinal canal

or be situated at any intermediate point. The ovaries may not descend to their normal pelvic position or on the other hand overdescend and pass into the inguinal canal or through it into the labia majora. Teratoid tumors occur quite frequently in the ovary and testicle. Malformations of the uterus are not generally recognized before adult life, if at all. Imperforate hymen also generally remains unrecognized until puberty.

Anomalies of the skin are several and varied. Pigment may develop in excess in certain areas, giving rise to naevi pigmentosi or on the other hand there may be total lack in certain areas. Angioma found in the skin are caused by dilated lymphatic or blood channels. Dermoid cysts may occur in the region of any of the external clefts or fissures and are caused by constricted portions of the ectoderm becoming included in the mesodermal tissue. They contain hair and initiating sebaceous material. Hair may develop in profusion in normally hairless portions of the body or there is rarely a congenital absence of the hair. Sebaceous cysts may not always be retention cysts but due to remnants of misplaced pieces of epidermis. Supernumerary mammary glands and nipples are not infrequently found in both sexes, generally found somewhere in a line from the axilla to the groin, due to persistent or abnormally developed portions of the milk ridge.

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INCIPIENT TUBERCULOSIS

E. R. Harvey, M. D., Long Beach, Cal.

Read before the California Eclectic Medical Society

It is not within the province of this paper to enter into a detailed discussion of the disease in question. That it is far more prevalent than the average medical man is aware, and that it is very frequently overlooked, are facts which it behooves the general practitioner to bear in mind, for it is usually he rather than the specialist who is first consulted.

An early diagnosis followed by intelligent treatment is of utmost importance, and will save many cases which, if neg-

leeted, or improperly treated, would eventually develop advanced tuberculosis.

By incipient tuberculosis we refer to the stage when there is but little lung tissue involved, but little breaking down of the tuberculous focus, and consequently but little infiltration of the adjacent bronchioles with the products of inflammation. The symptoms, therefore, are few and many times misleading —so much so, that without the possibility of tuberculosis in mind, even careful and painstaking physicians may overlook the real source of disease. It is a deplorable fact, however, that the general practitioner — the family physician — upon whom, more than anyone else, we must depend for the stamping out of tuberculosis—is many times superficial in his physical examinations, neglecting to use diagnostic methods known to most of us, if not all, which would enable him to correctly diagnose his cases early enough to give his patient a fair chance for recovery.

Just what percentage of cases of early tuberculosis will recover cannot be known, but if the disease be discovered as early as it is possible to discover it, the percentage of cured will be gratifying. Many, of course, could recover under no circumstances, having inherited a low vitality, or by reason of poverty, improper living and unhygienic surroundings. The disease if contracted, would gradually develop until the stage is reached where no plan of treatment would be successful.

An idea of its prevalence may be gained from a German statistician, who claims that upwards of 90 per cent. of all autopsies show the presence of either active or healed tuberculosis lesions. Be that as it may, the infection is widespread, and too much stress cannot be placed on the necessity of prophylactic measures, nor of more care on the part of the physician in the examination of suspected cases.

What then is the more common cause of error? We have been taught that the light-complexioned, blue-eyed, thin-chested individuals were usually the ones whom we found suffering from tuberculosis. I need not call attention to the fact that this theory has been proven fallacious, for the large clinics show very many of the exact opposites in physical characteristics in whom are found evidences of the disease.

Young girls who apply for treatment for stomach disorders, or who may complain of malaise extending over a period of several weeks or months, and those who are found to be anaemic, form a class of cases, a goodly percentage of which will be found suffering from incipient tuberculosis.

Another class are those whom we find complaining of

taking cold readily or who are affected by frequent attacks of hoarseness. Loss of weight and a rapid pulse are not always found to be present in marked degree unless the incipient stage is passed.

Hemorrhage from the lungs, no difference how slight, should always be looked upon with suspicion, as this almost never occurs in any other trouble.

All are familiar with the usual symptoms of tubercuIosis, namely, cough, hectic fever, loss of weight, rapid pulse, dilated pupils, languor, etc., together with the presence of bacilli in the sputum. But it is the object of this paper to call attention to a few signs, which it is the belief of the writer will enable us to discover the lesion several months earlier than by the methods commonly in vogue. The writer makes no claim of originality for these methods, the authority being Prof. Abrams of the New York Post Graduate School, who has conducted a very large clinic on disease of the chest, covering a period of a number of years.

This author states that in the incipient stage of tuberculosis as he understands it, it is rarely possible to find the bacilli, and that when they can be demonstrated in the sputum, you are no longer dealing with incipient, but advanced tuberculosis.

I shall not dwell upon the physical signs of apical tuberculosis, but as this is the far more frequent seat of the lesion, it is of utmost importance to remember that the signs elicited by both percussion and auscultation differ in the right and left apices. Dullness on percussion and broncho-vesicular breathing being normal in the right apex, while on the left pulmonary resonance on percussion and true vesicular breathing are heard in the left apex.

In cases where areas of consolidation are very small, the changes in the respiratory sounds may be heard plainly by placing the bell of the stethoscope over the outer end of the clavical, when they would be entirely inaudible with the stethoscope on the chest wall.

Rales and mucous click are well known signs of early consolidation. But the signs just mentioned are frequently heard before either of the latter signs can be elicited. Another sign is that known as the pulse test. If on taking the pulse with the arm down, and afterward with the arm raised well above the head, the pulse is found to be diminished, one of two conditions is usually present. Either valvular disease of the heart, or pulmonary tuberculosis. And if, after finding this sign present the heart is found to be normal, it is well

to examine the lungs carefully for evidences of disease. Another and less important sign, which is only worth while to mention, is what is called the temperature test, which is made by folding the skin over the thermometer, over both apices for five minutes, and noting the difference in the temperature, it being slightly higher on the affected side.

A PISCATORIAL IDYL

By J. Liftchild, M. D., Ukiah, Cal.

Albert Jimmy Atkins is a fisher of renown
And often takes a fishing trip that brings him to our town.
With him it's an obsession and he'd rather fish than eat;
As a piscatorial lunatic I've never seen his beat.
He talks of fishing through the day and angles in his dreams
And walks at night in robe de nuit through Mendocino's streams.
When April first rolls 'round each year you'll find, no matter what
Important business he has, he's "Johnny on the spot,"
And ready with the break of dawn to be the first on hand
To cast his line in some good stream and fish to beat the band.
It really doesn't matter if he never gets a bite,
As long as he can pack a rod he'll fish from morn till night.
If business cannot be dodged and patients will not wait,
He fills the bath tub, gets his rod and digs a can of bait;
Then pulling on his rubber boots he fishes at his ease,
And from the carking cares of life the doctor has surcease.
When he has finished with this world with all its care and toil,
And shuffled off, as all men must, this frail, mortal coil,
And finds himself in Hades he'll be at the same old tricks,
And spend his idle hours afishing in the Styx.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Policlinic.

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HYPODERMIC VS. ORAL MEDICATION

Not so very long ago hypodermic medication was introduced to the profession and for a time it was quite in vogue, some going so far as to state that it was destined to entirely supplant oral medication. Because too much was expected of it, it fell into disrepute. More recently it has experienced a revival and let us hope it will now come into its own rather limited field and its use become stabilized. Assuming that hypodermic medication is just as efficient as is oral medication there still remain two main factors which prevent its common use, namely, the fear and dread of the patient and the lack of a skilled attendant to use it. It does little good to tell a patient there is no pain, because there is some pain and a great deal of dread. If it is used often and for an appreciable period of time there is rebellion. Moreover, the doctor can not be on hand to give every dose and a trained nurse for every case is, alas, utopian. Its application, therefore, is to be found not in general work but in certain emergencies. If a patient is critically ill the absorption from the stomach is greatly lessened and sometimes entirely suspended. At such times oral medication may be not only useless but actually

harmful, and the trusty hypodermic syringe may be a life-saver. Again, a few remedies by reason of their composition become inert or decomposed when placed in the stomach and these are best used hypodermically. Also, a few remedies are repelled by the stomach, and are therefore used for that purpose, but they can be used hypodermically and a quite different effect secured.

Finally, it is the patient who takes the medicine, and, assuming that both methods are equally efficient, his wishes determine the matter. Sick people like to be made as comfortable as possible.

MADE ANYWHERE BUT IN AMERICA

John Uri Lloyd, Phar.M., Cincinnati

An editorial submitted to the writer of this article carries many pertinent and useful thoughts that cannot but appeal to most physicians. It was written before the European war or a more pronounced emphasis would surely have been given to the portion referring to foreign synthetics and serum products that, during the past decade, have led so many American physicians to neglect their own country's long-established remedial agents. Now that these foreign products are practically eliminated from commerce, no question can arise concerning business rivalry, and hence a few statements of fact may be recorded that otherwise might be thought improper.

The Eclectic medical profession has, in an altruism that is truly American, resisted these synthetic innovations for several reasons. Among these may be mentioned their evil influence in the hands of indiscreet physicians and the deplorable consequences that arise from the blundering processes of laymen, who most aptly learn the names of these products through the carelessness of physicians or mercenary pharmacists. For this indiscretion, which may be more pronounced in America than elsewhere, foreign manufacturers are not responsible, and for this the European introducer should not be blamed. Grant, however, that these products, wisely administered, are of value, as each maker, as well as each discoverer of a remedy, hopes will be true of all his products, and grant that some of these synthetics and dye-house products, in any moderate dose, have no untoward after effects, the question yet arises whether the pernicious influences of those most harmful, as employed in America, have not more than counterbalanced the useful-

ness of the entire line. Let us not dwell upon details of the terrible infliction known as the modern "drug habit," which is now the curse of so many Americans. This speaks for itself. Every State and local organization designed for the care of the people's health, the United States government, the press of America, the sufferers from this wrong, one and all have turned their efforts toward the suppression of the modern synthetic and narcotic evil. And yet, in some inexplicable manner, in the face of all this, the victim continues to obtain his supplies, and the drug habit ravage continues. And the most lamentable feature of the case is the fact that these products of evil are unnecessary in legitimate therapy, as is shown by the practice of thousands of successful physicians, who either touch them very lightly or refuse altogether to prescribe or dispense any of them.

Now, the question may be asked, "Who and where are these physicians?" To this the answer may be given, "They are not limited to any school, but are everywhere among legitimate practitioners who have experience and have intelligently observed beyond the schoolroom. Chief among these may be named almost the entire membership of the American School of Medicine, known as "Eclectic," which embraces many thousand physicians, and to these may be added a multitude of the members of other schools, who have learned to shun the indiscreet use of energetic and habit-forming drugs as they would any other evil that brings to humanity a living death.

And yet it is no less true that many talented members of the medical profession consider the temporary smothering of pain or the artificial deadening of intellect in abnormal slumber, as the great aim of the physician, to be indulged on any and every possible occasion. Such as these have gradually learned to utilize, increasingly, the European synthetics, and such prescribers consider the elimination of these products a professional disaster. In this class of "dopers," alas, are to be found a preponderance of young men, whose therapeutic education was gained in certain mighty institutions that seem in some directions to be less American than otherwise. To this writer, however, their effort seems also to be directed toward the suppression of materia medica products other than such as are made by the foreign manufacturers. The blame of the wrong does not, therefore, if this view is correct, lie altogether with the young physician in sight, when comes the "drug habit" to his victim. The institution that has taught him how to practice medicine without a broad view of the subject of materia medica, and to depend upon a restricted and harmful therapeutic process, must not escape censure.

"But what of the Eclectic?" someone may ask. "Is he not an irregular?" To this we will reply, "He is not only 'irregular,' but for nearly a century he has been an ostracized physician. This, not alone because, numerically, he is in the minority, but, strange as it may seem to one unprejudiced, because he has never accepted as necessary such therapeutic processes as those briefly mentioned. Indeed, he has, for nearly a century, fought all heroics, all cruel therapeutic processes, all habit-forming drugs, all wickedness in pill, tablet or bottle. Founded in the early part of the last century, as a protest against therapeutic wrong that came through the domination of transplanted European laboratory processes that had taken possession of American medical thought and action, the Eclectic has vainly craved recognition by reason of his altruism, his absence of the narrowness bred of creed, and his liberality in professional fraternalism. His school in medicine cannot be properly called a 'sect,' for a code of ethics founded only on the Golden Rule and kindness to the sick, with the broad title, 'Eclectic,' under whatever definition of the word may be selected, excludes the very idea of the term 'sect.' "

And yet, mainly because in their processes and teachings the Eclectic refused to tolerate the therapeutic cruelties of times gone by, and would not accept the newly introduced monstrosities of more modern days, the odium of **irregularity** has been his heritage, from the days of past "regular" blistering and bleeding, to the days of America's present synthetic curse, now broadly known as the habit-forming drug era, in the wickedness of all of which the Eclectic has no responsibility and no need of a remorseful thought.

It may now be repeated, although this is, with persons informed, not necessary, that an important feature of action of his "irregular" branch of the medical profession has ever been its intense loyalty to America, its continuous devotion to American progress, and its hope of American independence in a balanced therapeutic direction. "Make America independent of the whole world" has been one of the ideals of the Eclectics, and on this foundation rests their century of effort in behalf of humanity. To such a degree has this phase of Eclecticism been carried, as to have earned for them the secondary title, "**The American School of Medicine,**" which, alas, with some persons in high positions, has, even to this day, been construed into an opprobrious appellation.

Indeed, the laudable processes and ambitions of the American enthusiast, seems, with some persons in "authority," to have been ever considered a sin. Although the Eclectic has

striven for nearly a century to make the physicians of America, of which he is a part, in the eyes of the people, independent of the outside world, he seems, for this very reason, to have become doubly an "irregular" in the eyes of many very excellent men. He has not only ransacked the mountains, the valleys, the meadows, the swamps and the plains of every State of the Union, for American remedial agents that, according to his view of medication, could either equal or excel those from abroad, but he has been continually ostracized by men who should have valued his efforts kindly and have extended to him a helping hand. He has published volumes, has written constantly, has given great commercial wealth to America and to the whole world, as is well comprehended by the man versed in drug history, or him who reads the pharmacopeias of the world. Did not the talented Dr. William Pepper, of Philadelphia, say, in effect, "Let us give the Eclectic credit for wading in the swamps, and climbing mountains, in his search for American remedies?" And what is the outcome of this century of wading and climbing? The Eclectic is now practically independent of the "Drug Famine."

Did ever apply more appropriately the sentence, "All things come to him who waits?" When, by an unexpected war in Europe, the "Made Somewhere, But Not in America" label is denied the users, compounders and purchasers of these foreign products, the cry of some persons, in conspicuous positions, too, is, "What shall we do for medicines?" In utmost good will, can not we say to the cravers for "Made outside of America" products, "Study the American materia medica and become acquainted with your home products. See if American ideals will not appear, in more directions than one, even though it be only in a more charitable view of the ostracized Eclectic, who has sought only to contribute to the good of our whole people."

Of one thing we are now assured: If this war continues long enough, the habit-forming drug problem of America, in some directions at least, will be effectually handled by the suppression of certain pernicious supplies from abroad. Possibly when physicians and victim are alike liberated from bondage, it will then be perceived that there is no need of either a habit-forming drug or a habit-cursed victim.

But now arises the question, "Has not the Eclectic, to be true to the ideal of his school, which is, 'Select the best, regardless of source,' become dependent on many excellent foreign remedial agents? Grant that he has been able to develop a great wealth of American therapeutic products that

are now enjoyed by the whole world, does he not, in turn, lean on many outside substances?'' This is true, and yet to but a comparative degree. The American manufacturing chemists, the American manufacturing pharmacists, and the makers of American surgical, hospital and sanitary supplies seem to be amply able to supply all professional needs in such direction. The Eclectic has no fault to find with his home people. Very much prejudiced in favor of outsiders must be the American who discredits or neglects the laboratory and sanitary products of our American manufacturers.

But what about foreign **crude drugs** of vegetable origin? Are these not important in Eclectic therapy? Has the Eclectic been able to become altogether independent of the outside world in this direction? To this the reply must be, that the Eclectic physician yet depends, more or less, on certain European crude drugs, but the list is comparatively limited. Aconite, pulsatilla, drosera, digitalis, bryonia, euphrasia, and a few others are among those that come to us from abroad and of these only a few are, at this date, altogether war-locked, inside the blockaded ports. It is also true that even these items are more or less paralleled in America's productions, and it is not unlikely that each physician reading this article will know an excellent substitute, ''home grown,'' and will, therefore, be able to practice medicine satisfactorily by reason of the great wealth of American drugs familiar to his use.

This leads to the question whether the increased price that holders, importers and exporters of European crude drugs will demand, either logically or otherwise, in consequence of extra freight, insurance, labor problems and other greatly increased expenses will not make all foreign drugs too expensive for professional use. Indeed, may not many of them be altogether out of market, at any price?

Grant that this is true, and yet, fortunately, owing to the small dose used by Eclectic physicians, the prices of all their remedies might be doubled or trebled, or even be multiplied by ten, without making them prohibitive. Indeed, at list price, the cost of a dose of the long-established American remedies, as employed in balanced therapy, is now so little in comparison with the doses of synthetics and other fashionable ''modern remedies,'' introduced from abroad, as to permit of a great advance in price, without any burden whatever. For example, consider the Eclectic preparation of aconite, a drug which will probably, if the war continued, be out of market.* Take the most pessimistic view of the subject, admit that the crude drug

*This article was written August 28, 1914.

will become so scarce as to necessitate the importer doubling the price or even increasing it enough to double the price of the manufactured preparation. This will make each dose cost but one thirty-secondth (1-32) of a cent.

On the other hand, let us suppose the price of a four-ounce bottle of iris versicolor (used in the Eclectic treatment of syphilis), to be so increased that **each dose** of the remedy would cost as much as the ordinary dose of the modern "salvarsan," or "606" (three dollars), before came any increase in the price of "salvarsan" because of the war. Each four-ounce bottle of iris carries thirty-two drachms, and the **maximum** dose of the iris used in Eclectic treatment is one drachm in four ounces of water, of which mixture one drachm is administered at a dose, thus making the four-ounce bottle carry 1,024 doses, which at $3.00 per dose, would make a list cost of $3,072 to the purchaser of a four-ounce bottle of iris versicolor were the price to be in accord with the arsenical remedy. And many who read this page will affirm that iris is their preference, especially in view of the fact that it has never killed or blinded a patient.

In view, however, of the gloomy prospect of the European war, it behooves all physicians to husband such preparations as are likely to be affected, and it might be best to secure at once an extra supply of such remedies. Some may go altogether out of market, and others may rapidly advance in cost. No man can tell what will be the coming price of any foreign drug whatever.

Taking it all in all, American physicians may congratulate themselves in that they are prepared to care for their patrons, even though the ports of all Europe be closed. Although some drugs they would prefer to employ may be out of the market, physicians to whom Eclectic remedies are familiar will have so little annoyance, in comparison with the troubles experienced by other physicians, as to lead one to increased admiration of the foresight of the "fathers," whose altruistic and patriotic spirit has given us a practical independence. And it is not impossible that even the most prejudiced outsider will gladly concede that it is well that this American School of Medicine has never allowed itself to be subjugated to the slogan, "**Made Anywhere But in America.**" —E. M. Journal.

In connection with the above article the following facts culled from a recent Lloyd Bulletin are of financial interest to the reader.

The war condition in Europe has brought to physicians who use the American Materia Medica the satisfaction that whatever the length of time this condition may exist or the final result, they will not be deprived of their favorite remedies.

We feel that to you is due special information regarding the remedies of our production that you are prescribing.

The prices of crude drugs have unexpectedly greatly advanced; in some instances eight to ten-fold. With the exception of a very few, the list of specific medicines are of the American Materia Medica. We are so fortunate as to have good stocks of most crude items and hope they will last until prices return to a normal level.

We shall therefore maintain our present prices on specific medicines that are made of drugs that now cost more than formerly, thus protecting the interests of our patrons by giving them the financial advantage instead of taking it ourselves.

We believe that our course will be approved by all our patrons, and that our decision to make no change in list prices at the present will be appreciated.

If the European war continues, future purchases of crude drugs will necessitate price revision, but, even then, we propose to do our utmost to protect the interests of our friends and shall ourselves bear all possible share of the increased cost.

THE TRUE CAUSE OF NAPOLEON I.'S DEATH.

By Charles Greene Cumston, M. D., Boston, Mass.

So much has been said by historians in general that the death of Emperor Napoleon I. was due to the bad climate of St. Helena, or to other causes resulting from ill treatment by his captors, that it is high time to settle this question. Likewise, a certain amount of doubt has been cast upon the diagnosis of the last illness of the exile, but I believe it is safe to assume that from its protracted duration, which covered nearly four years, and also from many of the symptoms, he undoubtedly first developed a gastric ulcer which later underwent a malignant change.

My sources of information are contained in "The Last Days of the Emperor Napoleon," London, 1825, by Dr. F. Antommarchi, his attending physician; Dr. Warden's "Letters From St. Helena," London, 1816, and Dr. A. Arnott's "An Account of the Last Illness, Decease, and Post-Mortem Appearance of Napoleon Bonaparte," London, 1822. I am of

the opinion that these writings demostrate quite explicitly the true nature of the affection from which he succumbed. It should also be said as a not uninteresting bit of information, that Napoleon's father died of gastric cancer.

Dr. Warden, who was surgeon on board the "Northumberland," which transported Napoleon to St. Helena in 1815, enjoyed a friendly intimacy with the exile, and he tells us how the ex-Emperor chided him on his tendency to bleed for all ills, which, however, was the recognized and common therapeutic measure in those days. He states that Napoleon was an indifferent sleeper, and that his pulse rate never exceeded sixty-two. "Of his own state of health, he has good reason to boast, and, when it is considered to how many various climates he has exposed himself, and what a succession of toil he has undergone during the last twenty-five years, the state of health he has enjoyed and still enjoys is astonishing. He declares that he has been but twice, throughout his life, in such a state as to demand medical aid. He took a dose of physic for the first complaint, and the second, being a pulmonary affection, on his return from Egypt, required a blister."

Now, soon after his arrival at St. Helena, Napoleon began to suffer with digestive disturbances. He ate moderately, and, when one considers the times in which he lived, he was a very moderate drinker, for, in those days, hard drinking was prevalent, but he accounted for his abstemiousness by saying he was unable to drink freely because of "the rebellion of his stomach."

Dr. Arnott, who saw Napoleon for the first time with Dr. Antommarchi in April, 1821, was told that, during the entire previous year, the patient had had a loss of appetite with occasional nausea and vomiting, and that his face had become very pale. Quite as far back as 1817 the Emperor said he had gastric pain, nausea and vomiting, especially after the ingestion of food.

In September, 1818, the British Government requested Napoleon's uncle, Cardinal Fesch, of Rome, to select a medical adviser to proceed to St. Helena to attend the prisoner. The choice fell upon Dr. Antommarchi, a Corsican, at the time prosector of anatomy at Florence, but so slow was travel and communication in those days that he did not land on the island until September 18, 1819 (just one year later), and met his patient four days after. Napoleon became much attached to his physician, and left him, by a codicil to his will, a pension of £240.

As the disease progressed Napoleon had, besides the par-

oxysms of vomiting, which became severer till the end, crises of agonizing pain in the stomach and neighboring viscera. During these attacks he would sometimes lose consciousness for some moments, leaving him in an extremely exhausted state. According to the treatment then in vogue, his fever was relieved by copious blood-letting, and the pain by hot baths, which appeared to have given him some comfort. He refused all medicines and objected to a blister over the gastric region, but consented to a warm stimulating plaster being applied there.

Dr. Arnott says: "On the morning of April 27th (1821) our patient was low and comatose, had passed a restless night, and had had frequent attacks of vomiting, and, on examining the basin, I observed that what had come off the stomach was a dark-colored fluid resembling coffee-grounds, and very offensive. That vomiting continued until 3:30 P. M.; it then ceased and he went to sleep. Pulse kept at 84 and beat about natural. In the evening he was more tranquil, free from pain, but low and exhausted."

The following day there was again continued vomiting, "a dark-colored grumous fluid, which contained small specks of blood."

From January, 1819, until May 5, 1821, the Emperor suffered constantly, not always severely, though at times he would complain of a severe cutting pain. Toward the close of 1820, the affection increased in acuity, with paroxysms of intense pain, vomiting, cold extremities, and somnolence. At the end of March, 1821, he was bedridden and vomiting blood. On April 18 he was conscious that the end was drawing near, and with bitterness exclaimed: "You have assassinated me slowly, deliberately with premeditation!"—the cry of a very ill and heartbroken man in exile.

On May 5 there raged over the ordinarily peaceful little Island of St. Helena a terrific and destructive thunderstorm, and when the sun cast its last rays that evening, Napoleon Bonaparte had given up his soul.

The Emperor had left directions that an autopsy should be made by Dr. Antommarchi, stipulating, however, that no English doctor should come in contact with his body. The Governor humored this last wish of his prisoner, but directed that five English Army and Navy surgeons were to be present and make a report, whilst the French physician proceeded with the necropsy.

The body was very well nourished in spite of the many weeks of vomiting, but Antommarchi stated that it was much

thinner than it had been. The stomaeh was found to be the principal seat of the pathologie proeess, and in the roof of this viseus was diseovered a large, eancerous neoplasm, extending over nearly the entire internal aspeet. There was also extensive loeal peritonitis, probably resulting from the original uleer.

The autopsy report, signed by the five British Medical Officers is as follows: "On exposing the stomaeh, it was found the seat of extensive disease; strong adhesions connected the whole superior surface, partieularly about the pylorie extremity to the concave surface of the left lobe of the liver; and on separating these an uleer, which penetrated the coats of the stomach was diseovered one inch from the pylorus, sufficient to allow the passage of the little finger. The internal surface of the stomach to nearly its whole extent, was a mass of eanecrous disease, or scirrhous portions advaneing to cancer; this was partieularly notieed near the pylorus. The eardiae extremity for a small spaee near the termination of the oesophagus was the only part appearing in a healthy state. The stomaeh was found nearly filled with a large quantity of fluid, resembling coffee-grounds."

Dr. Arnott, in a letter to Sir Hudson Lowe, further states: "The strong adhesions of the morbid parts of the stomaeh to the eoneave surfaee of the left lobe of the liver perhaps prolonged the patient's life; being over the uleer, they eonsequently prevented the eseape of the eontents of the stomaeh into the eavity of the abdomen."

From all this it would seem diffieult to have a elearer ease-reeord, with postmortem proof, of gastrie uleer, ultimately undergoing malignant transformation.—(Critic and Guide.)

CALIFORNIA, THE MEDICAL MELTING-POT

Westward the eourse of empire has taken its way and Ameriea has become the melting-pot of the nations. So, also, westward has Ameriean medieine taken its way and Califorina has beeome its melting-pot.

California medieine ean not be judged by eonventional standards. An Eastern physieian touring California gains the impression that its medieal profession has been commercialized. Perhaps so, but if it has it is a vastly different sort of eommercialism from what one finds in Chieago, Kansas City, Pittsburgh or New York City. Wherein does it differ?

Agrieulture and horticulture in California have been eommereialized and they look eommereial, yet this is held to the eredit of the State. Seientifie method, selling organization,

modern efficiency, a trained personnel and state-wide co-operation have made California agriculture and horticulture famous; they have robbed them of much romance but endowed them with commercial success, all to the benefit of California and the Nation. Slovenly farming and the ignorant farmer are not wanted in California. The former can not be made to pay and the other soon finds himself working by the day for some farmer who knows how to farm in the California way. No one wastes any sympathy over the incompetent, the sentiment being let him "buck up" or quit. Yet the old land-robbing ranch baron of the former regime dies hard; the agricultural schools are teaching his sons the better way and they alone stand between the "Old Man" and the sheriff.

Medicine had an old regime in California, and its votaries are not all dead or retired. They have long put up a stiff fight and they have plenty of fight in them yet. They are not wholly to be condemned; they have done some good, yet their attitude has brought about a most unfortunate situation we will take up presently.

"Western" is a word to conjure with in the United States; it begins with We instead of I. But California had an I-I-I Society of Native Sons long before the East discovered the Golden State, and they have not all been reconstructed to the We idea yet. They are splendid good people; nevertheless it is the East and Central West that have made California, especially Southern California, what it is.

The very tangible opportunities of California took real men to develop them—picked men of initiative, stupendous energy and wide vision; and California got them; got one here and one there, principally from the restless and ambitious classes farther east. Also, be it said, she secured the same class of physicians; they are still going there. In Los Angeles, with approximately 1,150 physicians, there are less than 300 who originally graduated from California medical schools.

Efficiency in Medicine

Capable and progressive physicians gathered from all over the East and Middle West found that efficiency was the keynote in California business, and they straightway adopted it as theirs. Allying themselves with the hustling California doctors who had done so much to boost their State, and wholly ignoring the old and contented element, they argued this way:

Medicine as it is practiced is not medicine as it is taught. Medical science has advanced, but wrong economic and social conditions have prevented medical art from keeping pace with

it. Most of us have left places where people expected us to make a diagnosis and prescribe for a dollar, perhaps furnishing the medicine as well. As that can't be done with due regard to true scientific and clinical accuracy, and as attempting to do it was slowly turning us from first-class doctors into second- and third-class ones, besides being bad for the people, let us completely change our ways of doing. These people will allow us to rehabilitate medicine as it is practiced; and as soon as we demonstrate actual results the people will be willing to pay us accordingly. So let us all study hard, properly equip our offices in the most modern way, revise our construction of the old code of ethics to fit modern conditions, specialize largely, shorten hours of practice, smash the dispensary abuses, know our business and deliver the goods, and charge enough to live well and afford plenty of post-graduate study.

After That the Deluge

It was not long until these men were the most progressive and efficient large body of practitioners in the United States. Then the stampede began, and California was rapidly filling up with all kinds of doctors, just as it filled up with all kinds of men when gold was discovered, and for the same reason. The fault was not that doctors are any more grasping than other men. The doctors who rushed into California were just what conditions in the East had made of them; and they longed for the better conditions of California, as well as for its much-exploited climate.

But too many men went there; and those who had worked hard to establish creditable conditions saw the fruits of their toil about to be snatched away from them. Fortunately for them, the glorious old doctrine of State Sovereignty was a handy club right at hand. Can you wonder that they used it? The doctors in any other State, under similar pressure, would have done just the same thing. There is so much politico-medical glass in "the several States of the Union" that it is dangerous for any of us to throw stones. It is only by tearing down all of these glass houses that raise hot-house doctors who die professionally upon attempting to transplant them, and raising a good crop of federalized and field-grown ones, that can be safely transplanted half a dozen times if need be, that a repetition of such tactics can be avoided in future. California has taken down half of her glass and whitewashed the rest, and in a hope that her extended hand of reciprocity would be grasped by the other States, but the other States have too many close-corporation medical boards to appreciate the suggestion.

And Then the Politician

During the several legislative seances of the California profession, the old-regime men, or a portion of them, formed "unholy alliances" with the various pathists of a-short-cut-into-medical-practice caliber, and the medical practice acts have worked as they have in most other States, only more so. That is, quacks and the half-baked were not restrained by the law while capable physicians were. Crowded, as California is, with all manner of alleged physicians, nevertheless the capable medical fraternity there has not allowed its banner to be dragged in the mud, for which it is entitled to much credit. Under exceptionally trying circumstances, handicapped by the ridiculous system of medical licensure in the United States and which has plagued the State with medical politics and quackery of every species in America, nevertheless the reputable profession is advancing, is gaining in public esteem, is placing its medical legislation upon a vastly improved basis and is upholding the standards of medical education.

A Sane Commercialism

These things are narrated so the reader can understand somewhat the "commercialized medicine" of California. Commercialized medicine in its vulgar sense exists there, as it does everywhere else; but that the reputable profession is so commercialized does not appear to be the case. If the old idea that the physician must work for love; that doctors must be kept so poor that they can't afford to keep up with the advances in their own profession is to be maintained, then California is wretchedly commercial.

But if physicians are to apply in practice what they are taught in college in the same way the farmer applies on the farm the principles taught in the college of agriculture; if the doctor must keep up with the times in the same way the artist and musician are expected to do, by frequently repeated courses of instruction; if the doctor must be able to do things in the modern way, as the plumber does; if the public needs and wants capable medical and surgical service as ardently as it wants good trolley service; then the capable California physicians are not a bit more commercial than they ought to be.

This editor was raised under the medical conventions of an ultra-conservative portion of the East, where a physician does things in a scientific way (if he does so at all) because he loves to do so, not because he is paid any more than the unscientific routinist; and he can't help but feel that the Cali-

fornia physicians have pointed out to us the only practical way to advance the efficiency and the rewards of the rank and file of men in medical practice.

Yet we see a danger, and that danger is there is too little restraint in this modern form of so-called medical commercialism. This danger is well exemplified in California, more especially in San Francisco, where the profession is much divided into factions. There is always a danger of some strong faction controlling hospitals and ignoring the restraints which should be imposed by the medical societies. Under even the semi-commercialization of medical practice, unless restraint is exerted, the physicians who are well endowed financially and have business connections may crush out the competition of other and thoroughly capable men.

Medical Education

There are too many medical colleges in California—eight of them, and not over four justified. Then, too, there are osteopathic, chiropractic and other schools, probably none of which have any real reason for existence. Two of the eight colleges are in Class A, three in Class B, and three in Class C. There are about 370 hospitals and sanatoria in California, while Pennsylvania, with a population three times as great, has but 471. At the same numerical ratio, Pennsylvania would have 24 medical colleges and over 1,100 hospitals and sanatoria, whereas she has but seven medical colleges and would be better off if some of them would merge.

For all the large number of institutions in California, dispensary abuses are much less of a problem than in the East, and the hospitals are good ones, capably managed. The privately managed hospital thrives, in some communities at the expense of the men who do not own stock therein.

While the average of the California profession is rather high, yet there has been a dearth of research work, now, happily, recognized as a weakness. The University of California and Leland Stanford Junior University, two splendid institutions, are taking up research along comprehensive lines. We look for some splendid things to emanate from there. We were somewhat surprised at their small classes, while the Los Angeles College of Physicians and Surgeons has much larger classes. It impressed us that there is a tendency at the latter institution to turn out doctors, while the two universities are endeavoring to graduate scholars. State universities, that one would expect to be most democratic, show this tendency toward scholarship and the ultra-scientific everywhere we have

visited them; and the active profession are not backing them in the plan as enthusiastically as the universities are fondly hoping for. Notwithstanding the propaganda for the Class A institutions, a hickory independent editor can't help but see where some Class A (Also-Acceptable-but!) colleges and certain Class B colleges are filling the actual needs of the people in some ways more acceptably than the Class A plus institutions. From the standpoint of public need the output of the class room is more important than is that from the research laboratory.

Overdoing Surgery

If the American College of Surgeons would look up Los Angeles and San Francisco in the last American Medical Directory, they would get a chill when they encountered an S. every few names. Frankly, there are too many surgeons in these cities, too many for the good of surgery and the profession at large. We believe that physicians generally should be able to do more good surgery than they are doing, but specializing in surgery is another story.

Sanitation is not a difficult problem in California owing to the good climate, the absence of slums in the cities, little humidity, good living conditions and the general intelligence. The public health administration is above the average and the people live outdoors so much there is little of the trouble so common in the East from poor ventilation and lack of sunshine. Large parts of the State are natural sanatoria.

Moving to California

Physicians desiring to remove to California would better ponder on the question well. There are already more physicians there than the State can properly assimilate. To equip an office and practice medicine in the California way costs a lot of money, and unless a man is prepared to spend it freely he need not expect to compete successfully. Furthermore, unless he is quite up to date he is not apt to succeed, no difference how much money he spends. But if a man is determined upon going there and has the necessary capital, let us advise him, if he has not recently passed a State board, to ask the California board if a recent certificate of having successfully passed his own State board will admit him under the California reciprocity provisions. Then let him negotiate an examination in his own State instead of going to the large expense of traveling to California to take their examination. Even then, unless the applicant has an excellent record at home, reciprocity will not avail much.

If the question is one of health and undertaking agricultural or horticultural work, all right and good. California really has a superb climate, plenty of good soil, splendid living conditions and room for many more farmers and fruit growers with the essential capital and knowledge of the work. If you are in this class, California beckons for you with both hands. Perhaps you will make a glowing success. But don't go with the plan of farming and practicing medicine also. You can't do that any better out there than you can at home.

The Expositions

Doctors all over the country are looking forward to seeing the Exposition in California in 1915, and attending the sessions of the American Medical Association. Let us remind you that there will be two Expositions, one in San Francisco and another in San Diego. The former will be a world-show of large dimensions. We found the grounds and buildings shaping up finely there; but the San Diego show, while smaller, will be equally interesting, though in a different way. San Diego has a wonderful climate and is a beautiful city, and its Exposition is, even in its present state, abundantly well worth seeing. Exceptionally beautiful in situation and architecture, the San Diego Exposition promises a most instructive display of California and Southwest resources. All visitors to California in 1915 should see both Expositions and both cities.

Yes, California is a medical melting-pot; she is trying out all kinds of doctors from all sorts of places, and if there is any medical theory, fad, ism, pathy, cult or plan that is not represented there it is because its votaries have lacked carfare. Let California proceed; she will solve her problems and solve them well—solve them so well that we can learn from her.

SOCIETY CALENDAR

National Eclectic Medical Association meets in San Francisco, June, 1915. T. D. Alderman, M. D., New York, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco May, 1915. A. J. Atkins, M. D., San Francisco, President; H. F. Scudder, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 5, 1915, O. C. Darling, M. D., Riverside, President; H. C. Smith, M. D., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. H. T. Cox, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY

The regular monthly meeting of the Los Angeles County Eclectic Medical Society was held on Tuesday, October 6th, 1914, at 8 o'clock at the college.

The Board of Censors made their report on the applications of new members and the following were elected: Drs. D. A. Stephens, M. B. McMakin, Nellie Shenk, J. M. Clever, G. W. Grath, D. G. Johnson, K. E. Seeburger, C. V. Billingsley, L. M. Wilson, E. C. Galsgie, E. P. Sherrill, Getzlaff, E. M. Caryll, T. E. Bordsen, Smythe, and H. W. Crook.

Under new business it was moved, seconded and carried that a committee be appointed to revise the by-laws. The chair appointed Drs. L. A. Perce, O. C. Welbourn and H. C. Smith.

A discussion on Internal Secretions followed, and will be continued at the next meeting.

There being no further business, the meeting adjourned until November 3d, at the same hour and place.

H. T. COX, Pres. P. M. WELBOURN, Secy.

COLLEGE NOTES

Herbert T. Cox, M. D.

Special clinical blanks have been devised for use in the college clinic, and a 5000 lot of them has been delivered to the college by Fowler Bros. The attendance at the clinic is gradually increasing and is being used to a better advantage this year than during any previous year. The clinic is open daily,

except Sunday, from 12-2 p. m., and the time is divided as nearly as possible in the following manner: Monday, 12-1 p. m., clinic in Dermatology and Genito-Urinary, and 1-2 p. m., Medical Gynecology; Tuesday, 12-2 p. m., Surgery and Gynecology; Wednesday, 12-1 p. m., Children's Diseases, also 12-2 p. m., General Medical Clinic; Thursday, 12-2 p. m., Clinical Diagnosis; Friday, 12-2 p. m., General Medical Clinic; Saturday, 12-4 p. m., Nose, Throat, Eye and Ear Clinic. Any physician in the city is welcomed to refer patients who need charitable attention to the clinic, or to bring cases of especial interest to be presented to the students.

J. T. Hill, who was a student at the C. E. M. C. a few years ago, has returned and taken up his work once more with the Sophomore class.

Mrs F. E. Kerr, who has been residing at Redlands, has returned to the city and again taken up her medical work in the C. E. M. C. by entering the Junior class.

The mascot of the class of 1914, "Ford, the cat," disappeared during the summer, but the college cannot be without a mascot, so the Sophomores have taken as their guardian a good, big, wide-chested bulldog. Beware of the dog henceforth!

Dr. D. A. Stevens has accepted the chair of Pediatrics and has commenced his lectures to the Seniors.

S. M. Wilson, M. D., class 1914, has offices at 532 Los Angeles Investment building, and reports business as being good.

BOOK REVIEW

Manual of Histology and Organography, by Charles Hill, Ph. D., M. D. Third edition, thoroughly revised. 483 pages. Completely illustrated. W. B. Saunders Co., Philadelphia and London. 1914. Price $2.25, cloth, net.

A book in a class by itself, occupying a position midway between the quiz compend and the text books with minute detail and elaborate theory. A book to the point, which states all necessary facts in a few words, and contains very clear illustrations on each essential structure. A very valuable book for reference for the student, instructor, or busy practitioner who wishes to obtain the kernel in a short time.

NEWS ITEMS

Dr. E. R. Petskey has changed his address from Metealf, Arizona, to Long Beach, Cal.

Dr. W. B. MeMakin, Washougal, Washington, is now located at 547 Elm avenue, Long Beach.

Died: Dr. Edwin Pitts Howe of Boston, Mass., on September 18th, 1914.

Died: Dr. William Mason, Lodi, California, reeently. Dr. Mason was an Eclectie member on the California Board of Medieal Examiners for many years.

Dr. F. M. Planek, Kansas City, has changed his address from 2120 Linwood avenue, to 3611 Walnut avenue.

Dr. Atkins writes that the eommittee on arrangements is working on plans for the National Ecleetic Medical Assoeiation, which will be held in San Francisco in 1915.

Dr. H. V. Brown, Los Angeles, was eleeted Assoeiate Grand Patron of the Order of the Eastern Star for the State at the last annual meeting, held in San Diego in Oetober.

Dr. Tuehler in his artiele in this Journal speaks of the "late Dr. Laws." If he means the well-known Dr. Ovid Laws of Los Angeles, he should have omitted the "late," as Dr. Laws is enjoying fairly good health for one of his advanced years. His address is 3100 Baldwin avenue, Los Angeles.

WHERE TIM'S BROTHER WAS

Timothy Olcott, an urehin of wretehed appearanee, was haled before a Boston magistrate, eharged with obstrueting traffie by playing ball in Tremont Street.

"Can't your parents dress you better than this?" the magistrate asked, looking with disgust at Timothy Olcott's filthy rags.

"Me parents is dead," Timothy blubbered.

"But you've got some friends, surely?" said the magistrate.

"I've got a brother," the boy answered. His brow eleared, and he spoke proudly.

"Where is he?"

"He's at Harvard University," said Timothy, throwing out his chest.

"Is he in a good position there?" asked the magistrate.

"No," said Tim. "He's in a bottle there. He was born with two heads."—Exchange.

UNPRACTICAL CHARITY

"She is very liberal in her charities," said one woman.

"Yes," answered the other; "liberal, but not always practical. For instance, she wanted to send alarm clocks to Africa to aid sufferers from the sleeping sickness."—Washington Star.

A GOOD CATCH

The old physician is an enthusiastic angler in every sense of the term. While on his way home from a fishing trip, he received an emergency call. The proud, newly made father was impatient to have the child weighed, but couldn't find the steelyards; so the physician had to use the pocket scales with which he weighed his fish.

"Great Scott, Doctor!" exclaimed the father as he saw the pointer go up. "Thirty-seven and a half pounds!"—Everybody's.

WHY HE KNEW HE WAS ALIVE

A certain young man's friends thought he was dead, but he was only in a state of coma. When, in ample time to avoid being buried, he showed signs of life, he was asked how it seemed to be dead.

"Dead?" he exclaimed, "I wasn't dead. I knew all that was going on. And I knew I wasn't dead, too, because my feet were cold and I was hungry."

"But how did that fact make you think you were still alive?" asked one of the curious.

"Well, this way: I knew that if I were in heaven I wouldn't be hungry. And if I was in the other place my feet wouldn't be cold."—Exchange.

A hungry typhoid convalescent demanded something to eat. The nurse gave him a spoonful of tapioca.

"Now," he said, fretfully, "I want to read a little. Bring me a postage stamp."—McKeel's Weekly Stamp News.

"Doctor, I hear that vaccination is getting into disrepute?" said the friend of the physician, interrogatively.

"Oh, I don't know," replied the medical man, with a drawl, "I think you are in error—in fact, it takes as well as ever! See the point!"—National Druggist.

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Original Contributions

TREATMENT OF ECLAMPSIA

By J. B. Mitchell, M. D., San Francisco, Cal.

Read before the California Eclectic Medical Society.

Under the head of "Treatment of Eclampsia," Hirst in his work on obstetrics, makes the following statement:

"Pilocarpin is simply mentioned to be condemned. There is no other treatment of Eclampsia that gives so high a mortality."

Later the same author attributes a mortality of 66⅔ per cent in the Edinburgh maternity to its employment, the unfavorable termination usually being due to pulmonary edema.

The majority of writers upon this subject advocate the use of chloroform, chloralhydrate veratrumvirde, magnesium sulph. venesection, vapor baths and early delivery, and a few are cautious enough to condemn morphia, and such surgical measures as might produce shock in the presence of grave uremia.

My own experience in the treatment of eclampsia has forced me to differ with any treatment that simply tends to check convulsions by nerve sedation and convinces me that above everything else elimination is the point to be considered and that any treatment that falls short of this is only temporizing with a grave condition.

I attribute my success in the treatment of eclampsia to the use of pilocarpin and vegetable diuretics and usually proceed somewhat as follows:

First, the general symptoms such as subcutaneous edema, appearance of the nails and capillary circulation should be noted and then an examination of the birth canal should be made, also the quantity and nature of urine should be ascertained (the quantity is usually small and filled with albumen). After establishing a clear diagnosis, the bowels should be freely moved by purgatives and enemas, and immediately diuret-

ics such as Specific medicine, Hair Cap Moss and Corn Silk should be administered one dram each with large quantities of hot water. Upon the rejection of above by the stomach as is usually the case, I promptly resort to the use of one-half grain dosage of pilocarpin, by hypodermic injection, at the same time encouraging the action of the skin by means of hot packs and vapor baths which may be administered without removing the patient from the bed by pouring alcohol upon hot bricks or irons and covering patient closely with blankets. This measure has, in my hands, never failed to produce the desired results. The pilocarpin may be repeated every two hours until the cerebro-spinal pain and nausea disappear, at which time the Specifics and hot drinks mentioned will be retained and should be given in large quantities to balance the loss of fluids occasioned by the enormous diaphoresis resulting from the use of pilocarpin and other measures. The use of pilocarpin must positively be continued until elimination by the kidneys is restored.

The whole thought at this point should be the delivery of the child, thus removing the cause of the condition. If labor has already begun and fair progress been made, allow it to proceed normally; otherwise induce or hasten it by introduction of bougies or manual manipulation, resorting to the use of forceps if necessary.

Let us again consider pulmonary edema and the contra indications to the use of pilocarpin. Personally, I feel that pilocarpin is always indicated when the specific indications for jaborandi exist, and that pulmonary edema could never result if the remedy were used only when the indications are present.

I am aware that an unyielding cervix will sometimes give rise to phenomena simulating uremic convulsions, which is simply mentioned as a point for differential diagnosis.

The preceding treatment has been used by me successfully with the co-operation of Dr. Charles Clark in a total of six cases, each case usually requiring one and one-half to two grains, but in one of the above mentioned cases a total of five and fifty-one-eightieths (5 51-80) grains were administered during the period of three full days, without a single unfavorable symptom resulting, and further, that the patient has enjoyed perfect health for eighteen months since recovery.

In conclusion, I would suggest that many valuable drugs are placed under the ban by prominent writers where a careful study of Specifific indications would determine their real value.

BLOOD PRESSURE: ITS INFLUENCE ON THE FIVE SENSES.

By A. S. Tuchler, M. D., San Francisco, Cal.

Read before the California State Eclectic Medical Society.

This subject is one that ought to be more frequently observed from a diagnostic standpoint.

In fact, it should be rated of equal importance to the thermometer or stethoscope. It is in diseases of a chronic nature where the sphygmomanometer is of real value, just as the former two instruments are in acute cases. The character of the pulse will not determine blood pressure, so the use of the sphygmomanometer and a proper understanding of its reading will clear many a puzzling case and point the way to the indicated remedy or treatment.

An affection of one or more of the five senses, however slight, will usually give one warning that something is wrong with this sympathetic system of ours, especially when past the meridian of life.

It is the pathology of this system that has a direct bearing on blood pressure, be it either hyper- or hypotention, for the involuntary organs are affected through these wrongs. It may be failing eyesight or some other painful or pathological condition of these organs. It is well to make use of the sphygmomanometer in any case, and if this condition is brought about by tension, either hyper or hypo, then the way to treat such cases is evident. It may be a case of Glaucoma, Albuminuric Retinitis, or a simple case of eye-strain. I do not belittle other well-tried means and methods, but in connection therewith this diagnostic instrument will prove a valuable addition.

Dizziness or a gradual loss of hearing is a very uncomfortable situation to be in, and yet, if blood pressure is the cause of this affliction, the way is easy to correct this pathological condition.

The sense of smell may become impaired, and yet this insignificant loss may not be noticed. It may, however, be a very important factor in pointing the way of avoiding more serious sequelae due to hypertension.

Numbness may affect the sense of touch, and taste may be perverted, but who in ordinary health would think of going to a doctor for such a trifling thing? And even the medicine man may overlook such a small matter in making his diagnosis. But when such a case comes before a medical examiner of a first-class life insurance company and a consequent rejection

follows only on account of a moderate rise of blood pressure, to about 150 millimeters in an otherwise perfectly healthy individual, then it is some cause for serious consideration.

The taking of the blood pressure should be a matter of daily routine in making examinations, for should this be the underlying cause of such apparently slight ailments as has been heretofore mentioned, serious consequences may be guarded against and the development of a pathological condition can be avoided. It is possible to foretell an oncoming apoplexy by such an examination long before this occurs—from two to five years—and just think what a long period of time one has in which to correct this gradual pathological change and prevent this calamity! By the proper treatment of this condition ten years or longer can be added to one's life.

Hypertension may be intermittent at first, but it is a very positive indication that eventually this will become a permanent condition if not corrected.

Cowing says that "all conditions with a sustained pressure of 100 to 150 millimeters, or over, above the normal standard, are truly pathological cases."

Normal blood pressure is, in males, 120 to 130 millimeters, while in females it is 110 to 120.

Low blood pressure, or hypotension, will be found in debilitating, malignant or wasting diseases, and by the use of the sphygmomanometer one can readily be informed what improvement is being made toward the normal standard.

A correct diagnosis will determine the proper treatment, and this little instrument will help one to obtain both results.

In order to reduce high blood pressure, or hypertension, we have in electricity one of the principal means at our command.

D'Arsonval has called attention to surprising results which he obtained with the high-frequency machine and couch or pad. This experience has been verified by other investigators along these lines. This electrical machine in a physician's office, when thoroughly understood, is an invaluable instrument. It can be used, not alone to reduce or raise blood pressure, but also for many other useful purposes, among which are X-Ray, Diathermy, Fulgvoation, Violet ray lamp, high-frequency effleuve and the high-frequency glass electrodes, used either mono- or bi-polar.

To reduce blood pressure, the patient reclines on the couch or pad and is connected to one pole of the battery, the other tutional taint characterized by a local field of active operation, which starts out with an acute phlegmonous inflammation of being connected to a metal electrode held in both hands. This

current can be registered on a meter. Three hundred milliamperes is usually allowed to pass through the patient for about ten to fifteen minutes every day, or on alternate days, depending upon what one is desirous of accomplishing.

The more grave the disease, the more energetic will be the treatment. In connection with the foregoing, the indicated remedy must not be overlooked, as well as correcting the secretions and the excretions. Acidoses and indican must be eliminated from the system if found to be present. Spec. Medicine Veratrum and Spec. Medicine Apocynum will be the remedies most generally indicated. The diet will be along the lines of the vegetarian, with Bulgarian buttermilk as a beverage. Water in large quantities is harmful, as it will raise blood pressure. In a corpulent patient, whose pressure was 222, and whose diet was carefully regulated, a fatal apoplectic stroke was superinduced during very hot weather by his drinking large quantities of water to quench an insatiable thirst.

In order to raise blood pressure, the high-frequency electrode along the spine for fifteen minutes daily will be found useful, in connection with the indicated remedies, such as Strychnine, Nuclein, etc., and with the proper diet. Good, plain, nutritious food, such as eggs, meat, soups, and milk, if it agrees. It will be noticed that this diet is just the opposite to that required for hypertension.

CARBUNCLE AND ITS TREATMENT.

By B. Roswell Hubbard, M. D., Los Angeles, Cal.

Read before the California Eclectic Medical Society.

In these days of wonderful achievements in surgery, a paper on the treatment of some common surgical ailment may seem too commonplace to take up the time of a medical society convention. However, there are some such common morbid diseases that are painful and distressing in their tendencies and are prone to a fatal issue if not skillfully managed, and the surgeon who passes up such affections as hardly worthy of his close attention will make a failure of treating the same, and is not to be trusted with graver complaints.

Of these common affections carbuncles command special mention, owing to their painful and fatal tendency, especially in aggravated cases. The conviction of the Irishman who was laboring with one of these painful tumors was not far out of place when he said, "The only good place to have a carbuncle is on the other fellow."

Carbuncle is, no doubt, the result of some form of constithe skin and subcutaneous tissue down to the depths of the

specifie infeetion. Gradually the inflamed area assumes some what the form of a tumor mass, upon the most prominent part of which a vesiele develops in the course of five or six days, filled with serum tinged with blood, which, on rupturing, diseloses one or more small openings in the true skin, filled with yellowish masses of pus. Within the period of ten days from the earliest symptoms of the morbid affection the necrotie tissues will be exuding purulent fluid through several small aperatures in the integument overlying the deeper necrotic tissue. It is this eribriform condition of the skin that characterizes a earbunele from a boil.

During the development of the morbid growth the patient experienees chills alternated with flashes of fever. There is more or less pain in and about the growth, its severity depending upon its location and the nature of the structures involved. From loss of rest and sleep the patient generally presents an anxious appearanee, and physical prostration is a feature in most eases. The pulse is accelerated in the early stage of the disease, from fever, and later from weakness. The tongue is usually coated and the breath foul. There is little desire for food, but water is craved by an increased thirst.

In appearanee the morbid growth at first assumes a dark red color, which inereases to a dusky hue later along in the progress of the disorder, the overlying skin often beeoming neerotic as the underlying tissues soften into a purulent mass. About this time the surrounding tissues beeome turgid and edematous from the deposit of serum and lymph, and the infeeted area eribriform, it being possible to express pus from the many little aperatures in the skin.

When a earbuncle develops on portions of the body where the skin and fascia are dense and tough, as the scalp, hand and back of the neek, marked destruetion of the soft underlying structures takes plaee before these tissues soften and give way. The burning, throbbing pain that is so keenly experieneed in the early stages of the disease usually beeomes greatly lessened as the tumor mass breaks down and begins to slough away, and in some eases may cease altogether. The slow progress made in its evolutions toward the termination of the morbid state is often tedious and most diseouraging.

The surgeon who is called to take charge of one of these painful disorders will be queried over and over again to give a valid reason for its existenee, and as there are several causes recognized as being responsible for the morbid state, it will be well to have full knowledge of them, that the confidence of the patient and friends may be favorably impressed with his professional ability to cope with the disease in its various phases.

Pathologists agree that the most common cause of the

morbid affection is a marked debility of the system, which may be due to diabetis, gout and faulty metabolism, the exciting local cause being the implanting in the skin of a pyogenic micro-organism; certain it is there is a taint in the blood and the vitality is below the normal standard.

The morbid disease sometimes occurs in youth, but is more commonly seen after middle life. It has no respect for the gormand or the individual living on the common articles of diet.

For some reason hard to explain, men are more subject to the disease than women.

The back of the neck and the trunk near the spine seem to be favorite locations for the disease to develop, although it has been met with on the legs, arms and face; seldom, if ever, do two carbuncles appear on the body at the same time, but one may follow another in close succession.

Treatment.—The treatment necessary for a carbuncle will depend entirely upon the stage of the disease when the surgeon is called. If the morbid affection is seen early, while the infected area is small, one of two courses should be pursued: With the patient under an anesthetic, through a circular incision in the skin and fascia, the center of the tumor should be cut away as a core would be removed from an apple; providing, of course, there are no important vessels and nerves involved in the growth that might be severed in the operation, the cavity subsequently packed with iodoform gauze; or a crucial incision should be made through the most prominent portion of the tumor, extending to a sufficient depth, following which the deeper tissues should be infiltrated with pure carbolic acid with a hypodermic needle, care being taken not to place the caustic agent beyond the infected tissue. Either form of procedure mentioned should be done most thoroughly, otherwise the disease will extend rapidly into the usual evolutions of the disease.

Following injecting the tissues with the acid, reasonably thick pads, sufficiently large to cover the inflamed area, should be wet with a solution of borax and salicilic acid (one-half ounce of the former to a drachm of the latter dissolved in a pint of boiling water) and applied over the tumor, and should be renewed whenever it becomes dry. This medicated solution is both antiseptic and soothing; it lessens inflammation and reduces pressure pain. In lieu of this mixture, a 1-5000 bi-chloride solution may be utilized and will be preferred in severe cases where the sloughs are extensive and necrosis threatens.

If seen late in the progress of the disease, after marked sloughs have taken place, the above solutions are available and

safe as a dressing, although hydrogen peroxide, a very potent cleansing agent, may be used to advantage when applied with a good atomizer.

Poultices are seldom needed to hurry along the softening of the indurated mass if the solution of biborate of soda and salicylic acid is faithfully applied. If the necrotic condition of the tumor requires this form of dressing, none better can be applied than the flaxseed and charcoal mixture. Poultices being somewhat exhaustive in their effect upon the system, their action should be closely obesrved in the aged and others feebly inclined. The action of the soda solution as a dressing during the period the necrotic tissue is sloughing away is most satisfactory, and can hardly be replaced. Salves of all kinds find no place in the treatment of carbuncle, except in that stage of the disease when the gaping ulcer is freed of all necrotic tissue and granulations are beginning to show; here an ointment of balsam of Peru in vaseline, 5 to 10 per cent in strength, will prove a potent agent to stimulate the growth of the new tissue.

In cases where there is extensive loss of tissue, skin-grafting will have to be resorted to as an aid to help span the surface of the ulcer after the granulating tissue fills the chasm to a level with the surrounding skin. The technic of this operation is fully described in any of the modern works on surgery.

The general physical condition of the patient from the first inception of the disease should be kept under observation. As a rule, the vitality of the patient is, in some particular, below par, hence restoratives are in demand. If the process of blood-making is at fault, the complexion is usually bad, tongue coated, breath offensive, appetite variable and bowels constipated. The indicated remedies are Sal-Hepatica, Cascara infusion, or some active mineral water to evacuate the bowels, to be followed with small doses of nux, alternated with hydrastis, pepsin or an occasional five-grain dose of ingluvin. On the other hand, if the tongue is clean and red, small doses of phosphorus, arsenic and iron in some one of their various forms will suggest themselves. High fever and septic conditions indicated in the early stages by a rapid pulse, thirst and restlessness, and a purplish red appearance of the infected area, will call for tangible doses of veratrum in connection with echinacea or lachesis. Echinacea does little or no good as a local application to the developing tumor, and should not displace the remedies heretofore mentioned. An occasional five-grain dose of acetanilid or salo sedatus, given with plenty of water, will prove of great benefit in aggravated feverish states

in the early stages; seldom, if ever, should these agents be given after the tumor has broken down in suppuration; at this stage in the progress of the disease the condition of the patient usually requires a change in the character of the remedial agents. The loss of sleep and appetite, together with the suffering attendant upon the morbid state, begins to tell on the patient's vitality; every exertion is fraught with pain and trembling, manifesting a physical condition calling for stimulants, pepties and tonics; and these should be supplied in so far as possible in a well-selected diet, in connection with small doses of whisky taken in egg-nog, iron in the form of Ovoferrin, and arsenic and strychnia when indicated.

The urine should be examined from time to time for sugar and albumin, as frequently carbuncle is observed as a complication of kidney disease, especially in diabetis. If sugar is found, the patient should be given aromatic sulphuric acid in appropriate doses and encouraged to take buttermilk freely as an article of diet.

"THEY RELIEVED THE GENERAL OF HIS PAIN AND HE FELL ASLEEP"

"His Death Occurred While He Slumbered"

By A. F. Stephens, M. D., St. Louis, Mo.

The above grim sentences were contained in a dispatch from headquarters on the battlefield in Flanders which announced to the British government the death of Lord Roberts, who is said to have died from pneumonia after exposure to inclement weather. The same sentences might be written, appropriately, upon the tombstones of innumerable dead who, supposedly, died from a like disease. They, too, were relieved of their pain and fell asleep; and their death occurred while they slumbered. Grim and brief though this title is, yet it reveals a history of narcotic medication replete with a fatality unsurpassed by war itself.

Sad is it, indeed, to have to relate, that many of us who believe we are the saviors of mankind from the ills that kill, do not realize that in numbers of cases we are the servant of "The Man with the Scythe," and that in our efforts to relieve the sufferer of pain we but hasten his end. We seem to see not that if we attempt to relieve pain suddenly, in certain conditions, we increase the lesion upon which the pain depends, thereby decreasing the power to live.

In pneumonia, to relieve pain by the usual and orthodox measures increases the gravity of the disease by increasing the congestion of the pulmonary tissue, and thereby establishing

the engorgement more firmly, which retards recovery, if it does not prevent it altogether.

To the man who thinks as he works, the desirable thing to be accomplished in pneumonia is that the pulmonary congestion be overcome promptly, for upon this condition do the disease-phenomena depend. To the extent to which this condition can be modified, are the subsequent stages modified or possibly prevented. To restore the circulatory balance one must administer those remedies which act directly toward vasomotor sufficiency. Narcotics do not act thus. Instead of relieving congestion, they tend to increase it. If, therefore, we "relieve the pain" the patient may "fall asleep and die while he slumbers."

The administration of narcotics means death, perhaps, as often as life. If the patient is strong enough he may withstand both the disease and the narcotic; if weak he dies while he slumbers.

Lord Roberts was eighty-two, an age when one is very susceptible to narcotics. The agents which have the power to destroy sensation have the power also to destroy life. Lord Roberts is dead. He died while he slumbered.

That pain is to be mitigated, however, goes without saying, but not at the cost of the sufferer's life. Better to suffer the pain that is, than to fly to relief through everlasting slumber.

There are known remedies besides opium and its educts and the synthetic derivatives which relieve, measurably, the pains of pneumonia. They are safe, and relieve through their power to establish a better condition of the circulation, thereby relieving congestion, causing relaxation, establishing secretion and exeretion, and quieting nerve-excitation. They do not cause the patient to fall asleep and die while he slumbers.

If one is tempted to administer morphine, aspirin or other equally dangerous members of the fatal group, in this grave disease, let him pause and take stock of the modus operandi of the pneumonic disturbance, then let him re-study the effects of these agents upon the human body in health and disease; after which, if he is wise, he will put away evil that good may come. He will say to the satans of medicine, "Get thee behind me," and turn with a lightened heart to those remedies which aid the patient, but do not kill while he sleeps; remedies which he will find abundantly described in all good medical literature. There he will find such remedies as bryonia, asclepias, belladonna, veratrum, ipecac, gelsemium, ferrum phos, aconite, etc., any or all of which may have a place in the treatment at some time during the progress of the patient toward recovery. These will help wonderfully if given a little time. They work toward

freedom of the circulation; they open up the secretions, ease the pain without destroying sensibility, and in the end will gratify the patient by helping him to get well in a very few days. They never kill. They are always safe.

The aged do not take narcotics with safety. To withhold them means a continuation of life, many times. To administer them may mean death when we least expect it.

Lord Roberts suffered pain—sharp, cutting, tearing, excruciating pain, perhaps—which alone does not kill, but which, relieved as was the pain in him, leads quickly to death.

"They relieved the General of his pain and he fell asleep. His death occurred while he slumbered."

We do not say that drugs killed him; we know only that he died while he slumbered.

A FEW OF THE SYMPTOMS OF HETEROPHORIA.

By H. W. Hunsaker, M. D., San Francisco, Cal.

Read before the California Eclectic Medical Society.

Heterophoria means an unbalanced condition of the external or motor muscles of the eye, or the opposite of Orthophoria, which means that both eyes tend to look at the same point at all distances; in other words, that all the motor muscles of both eyes have the proper strength, length, attachment and nerve supply. In Heterophoria we find one or more of these conditions lacking to a greater or less degree.

We will only consider three classes here, and any of you can diagnose them; they are Esophoria, or turning in; Exophoria, turning out, and Hyperphoria, or one eye on a higher plane than the other. Perhaps none of us has symmetrical orbits, but we are not all afflicted with Heterophoria.

As I am writing this for the general practitioner, I will not go into the etiology of this condition, as you should send your cases of Heterophoria to a specialist unless they are of the paralytic type, resulting from diptheria, syphilis, etc., and will return to the normal after proper systematic treatment in most cases, but will give you a few of the symptoms and a simple test with which you can usually diagnose these cases.

With slight deviation we have diplopia, and with it, blurring and sometimes vertigo. The effort made to correct the deviation causes numerous reflex symptoms, such as Asthenopia, pain in the eyes, or various parts of the head or body; conjunctival irritation, spasms of the facial muscles, and sometimes other forms of spasms; digestive disturbances, nausea and interference with general nutrition.

Both diplopia and the reflexes are increased in the proportion to the effort in maintaining binocular vision, and are complained of after a moving-picture show, ball game, theater, or an extra amount of close, fine work.

The most disagreeable symptoms are found in Hyperphoria and divergence insufficieney, and most troublesome in distant vision. In Exophoria, or laek of proper eonvergence, we find Asthuropia, headaches and conjunetival irritation produeed by close work.

The sereen test is simple and usually suffieient for a diagnosis: You have the patient fix on any object, not too large, and any distance beyond a few feet, and sereen one eye and then the other with a eard, and ask patient if image moves when changing from one eye to the other. The operator ean usually see the eyeball move when the card is shifted.

I could eite many eases of Heterophoria where the disturbanees had been so great as to ineapaeitate the sufferer from most any kind of employment, and could not wear any kind of lenses with satisfaetion, that was made happy by proper treatment or surgieal interferenee.

PRURITUS ANI, AN ABSOLUTELY NEW AND UP-TO-THE-MINUTE DISCOVERY

By Albert J. Atkins, M. D., San Francisco, Cal.

Read before the California Eclectic Medical Society.

When a local Skin Specialist gets a disease about the anus, he generally thinks of me and kindly passes it along with the averted eye of eynieal wisdom. Under these circumstanees I am forced to take the ease, and try to look wise, when otherwise. Having exhausted the immense literature of the world on this subjeet, and having tried most of the "sure eures" in vain, at last I found myself forced into the great arena of experiment along with the rest of the immortals. Finding myself in this unsought-for predieament in a fundamental disease, I decided at last to approach the condition in a fundamental manner, realizing that a eornerstone of our medieal progress has been, and is now, based on the old dogma that "the hair of the dog is good for the bite," I finally determined to follow this ancient lead in my researeh, beeause I felt in my heart that if I should sueeeed my work would be immediately aeeepted in both Europe and Ameriea, and finally my name would ultimately go down in history along with such immortals as Koeh and Friedman, and especially the latter.

I meditated long on this matter, and often walked the streets completely absorbed in profound thought upon the subjeet, when one day, by the merest ehance, I happened to see a small, fat pug dog sliding along the smooth surface of the sidewalk on his M. Q.-shea, thus relieving himself of the terrible tortures of itehing brought about by the disease under diseussion. This was my golden opportunity—in faet, the very psyehologieal moment of my life—so I quiekly determined to

immediately catch that dog and take him to my laboratory for examination and future study and experiment. That dog was caught, and after a week's careful analysis of urine, foeces, blood count and other unnecessary opsonic measures, after careful scrutiny of the parts I found them bereft of hair from sliding on the cement pavement, so I finally came to the ultimate conclusion that the dog must be suffering from a complicated case of pruritus ani of long standing, or sitting—I was at a loss to know which.

Having diagnosed my case scientifically and with much learned precision, the next and almost unthought-of idea to present itself to my mind was how to cure that case. Of course, I was fully aware of the fact that the comfort of the dog did not count while I was taking my time to make this long-drawn-out diagnosis. I might have called in other experts to assist me, but somehow I intuitively felt that the dog did not possess the price, so I simply took my time and let the poor animal suffer, in order that I might see all the symptoms and thus make an absolutely scientific diagnosis. I might have placed him in a dog hospital for observation, but when a dog cannot afford such luxury we must study the case as it is. Consequently, in keeping with modern methods, I proceeded to scrape away as many of the germs as I could from the diseased parts of that dog, and, making a solution of these, I began to inject it into his hide at different points to see what would happen. I used a very large syringe with a very cruel needle, in order to set up as much irritation as possible, so as to make myself believe that I was getting immunity when the inflammation about injected areas began. Of course, the needles were doubly sterilized, and after twenty or thirty injections the dog showed no further signs of itching, because he was unable to sit on the sidewalk at all, so swollen and inflamed were his after-parts. Feeling certain that the poor animal had now reached the state of absolute immunity, I now proceeded to tap him daily for serum from his arteries, and succeeded in drawing off all he had until the poor dog died. Then I was at loss to know just how to preserve this serum so that it could be commercialized in Europe, when another happy thought struck me in all solidity. I simply used a little of the oil of cement to give body to the serum, and now from that dog I am supplying the entire world with anti-pruritus serum, and I want to let all you doctors in on the ground floor of the greatest money-making proposition of the twentieth century.

P. S.—I forgot to add that after the patient has paid his money and has been fully injected with this serum, he is most likely to growl at little things and bark loud if the fee is over two hundred dollars. A special syringe has been invented for the serum, for which I ask the modest sum of twenty-five dollars.

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NATIONAL MEETING, 1915

There has been considerable inquiry relative to the next meeting of the National. Some of the writers apparently laboring under the impression that there will be no fair in San Francisco, and possibly no meeting of the National. Such misapprehension is unfortunate, as it is likely to influence unfavorably the attendance at both the fair and the National. However, it is difficult to controvert because it is impossible to say more than that the work on the buildings is almost completed and that on the coast there is no doubt about it. In San Francisco they are so sure about it that the committee on arrangements for the National meeting had great difficulty in reserving the necessary accommodations.

However, this is all satisfactorily arranged at last. We particularly call your attention to the announcement of our committee on arrangements, which appears in the society department.

MISLEADING MEDICAL CATCH PHRASES.

The terms "health conservation" and "preventive medicine" are very much on the public tongue and before the public eye these days. In times of general unrest popular words and phrases frequently exercise a strange spell over the public imagination. They are taken as slogans or marching orders by many who are honestly trying to improve existing conditions. Special interests, seeking unfair advantage or monopoly power, are quick to seize upon popular terms and use them to further their personal advantage, which could not be otherwise obtained.

At the present time a striking illustration of this character is seen in the employment by the doctors of the dominant medical school of popular terms and catch phrases to assist in carrying forward their program, which is declared to be aimed at establishing State Medicine.

The great work of conservation of natural resources, and the still more important efforts to conserve the general health of the people by improving social, economic and moral conditions, have led the political doctors to seize upon the phrase "health conservation" and utilize it for the purpose of furthering their private interests, which are generally understood to comprehend a monopoly of medical practice and the universal enforcement of compulsory medication, including the recently adopted serum therapy.

"Preventive medicine" is another catch phrase being employed by the official doctors. It is a pleasing phrase, which many people frequently use without understanding that it means (to the doctors) the administration of serums and vaccines—a treatment so recently adopted as not yet to have earned the confidence of a large number of thoughtful physicians, and whose supposed merit rests on the claims and data of partisans of the treatment. Many investigators not only deny the serum therapy is preventive, but insist that its use is fraught with grave danger.

If there were no attempt on the part of interested physicians to force their new and, to a large number of people, objectionable treatment upon the public, and if the federal government were not disseminating, and thus giving its sanction to this latest accepted theory of one school of medicine, the subject might be passed over as unimportant. But when compulsory treatment of the citizen is being advocated, and the federal government is sending out ex parte treatises advocating serum therapy, the public ought to be aroused to the importance of the issue.—Pomona Daily Review.

CAN A GOOD HOMEOPATHIC PRESCRIBER BE MADE OF A GRADUATE OF AN ALLOPATHIC COLLEGE?

By George F. Laidlaw, M. D., New York

As I ask myself this question, Can a good homeopathic prescriber be made of a student who has been sent to an allopathic college? I think of Samuel Hahnemann, and Gross, and Stapf, and Constantine Hering, and Lippe, who made fairly good homeopathic prescribers, and I must answer, yes, that a good homeopathic prescriber can be made of a graduate of an allopathic college. Then I think of Germany, and France, and England, and Russia, with their groups of earnest homeopathic physicians, and again I must say yes, that a good homeopathic prescriber can be made out of a graduate of an allopathic college; but if you ask me if a good homeopathic prescriber is apt to be made of a graduate of an allopathic college, the answer must be no. Think how many thousand physicians have graduated from allopathic colleges in England and France and Germany since the days of Hahnemann, and how very, very few of them ever become homeopathic physicians! Think of the thousands of physicians who have graduated from the allopathic colleges of this country, and how very few like Gray, and Hull, and Allen, and Dowling, ever became homeopaths; so that we must admit that, while a good homeopathic prescriber may be made of a student who is sent to an allopathic college, the chances are more than one hundred to one that he will never take any interest in homeopathic practice afterward.

In discussing this qustion of where a physician sends his students, this society might seem to be intruding on what is purely a private or domestic affair; but this is an age of regulating other people's affairs, and I suppose that every organization has a right to discuss the tendencies that lead to its own disintegration and to create, if it can, a public sentiment opposed to this disintegrating tendency. That the practice of sending the sons and students of homeopathic physicians to allopathic colleges is a disintegrating force, we must all admit. The strength of homeopathy is in the United States, where we have had our colleges. In England and France and Germany, where there are no homeopathic colleges, the growth of homeopathy has been very slow. Whatever builds up our colleges increases the strength of homeopathy.

Among the arguments used to persuade a physician to send his students to a homeopathic college, there is one that is often employed, but, I think, useless. That is the argument of loyalty. Loyalty is an emotion, a sentiment that cannot be talked or argued into a man. Those who preach loyalty most loudly

sometimes remind me of Artemas Ward, who was willing to send all his wife's relations to war and sacrifice them on the altar of his country. So I think some of those who talk to us of loyalty are anxious to sacrifice the other man's sons and students on the altar of homeopathy. No man has a right to preach loyalty to homeopathy except one who has himself turned from the attractions of the great universities and sent his own son to a homeopathic college. The main question for you and for me is not one of loyalty, but where the boy can get the best preparation for his life work.

There is no question that the idea in the mind of every physician who sends his son or student to a medical college is the best interest of that boy. I think that this society or any society in its efforts to build up the homeopathic college should not antagonize that sentiment, but move with it. We should show the father or preceptor, what I believe to be true, that the boy will get the best training for the practice of medicine today in a homeopathic college. We should get the force of parental pride and ambition acting with us rather than against us.

In the first place, the reason why a physician sends his son or student to a medical college at all is to prepare him to make a living. Now, there is no doubt that a graduate from a homeopathic college can make just as good a living as a graduate from any university in the country. You have only to look around you at our representatives from Rochester, Syracuse, Albany and Buffalo, not to mention our millionaire members who come up from New York and Brooklyn. There is no question about the ability of homeopathic graduates to make a living, and a good one.

The next thought in the mind of the parent or preceptor is to prepare that boy as thoroughly as possible for his career in the practice of medicine. There are several reasons why I believe that a boy will be best prepared for the practice of medicine in a homeopathic college.

In a homeopathic college the student has drilled into him the distinction between medical palliation and cure. This distinction is the basis of all exact therapeutics, but is seldom grasped by the allopathic physician, to whom it is all one whether he quiets a cough with codein or cures it with bryonia.

In a homeopathic college the student learns a delicacy in the judgment of drug effects; a discrimination of drug aggravations that is appreciated by sensitive and intelligent patients; and a nice distinction in his remedies that is unknown in the allopathic college.

In a homeopathic college the student is drilled in an exact system of applying remedies to disease that is unequaled by any other therapeutic system today in accuracy and broad usefulness.

The course in the allopathic college today is overweighted with laboratory work. This is a danger which Huxley pointed out in the London medical school twenty years ago. Huxley, himself a physician and laboratory worker, protested against trying to make all young men who studied medicine laboratory experts instead of good therapeutists. The course of the allopathic college has magnified the laboratory at the expense of therapeutics until we see the extraordinary spectacle of a physician of forty years' practice standing with his hat in his hand outside a laboratory door waiting for a young man just out of college to tell him what is the matter with his patient and what to do for it.

You have noted the rapid spread of the bacteriological therapeutics during the past few years. In this enthusiastic welcome of a bit of exact therapeutics we see the poverty of a therapeutic system to which this very small piece of exact therapeutics was a revelation. I think that any of you who have met the modern allopathic therapeutist in actual operation will admit that his ignorance of what seem to us very plain therapeutic principles is appalling. Which of you has not seen given to a baby with bronchitis calomel and castor oil to purge, opium to check it, codein and terpin hydrate to stop the cough, bromide and chloral to put it to sleep, and brandy, digitalic and strychnine to keep it alive, all at the same time; then more calomel and castor oil, and again down the line that always ends with brandy, strychnine and digitalis?

We cannot deny that in the past the teaching of the homeopathic college was overweighted, too; overweighted on the side of therapeutics to the neglect of pathology and diagnosis. We have learned from the old school to correct this defect. Laboratory methods, pathology and diagnosis are now taught in all homeopathic colleges. In fact, the various state boards require just as many hours' training in laboratory methods in pathology and diagnosis in a homeopathic college as in an allopathic college. I believe that the allopathic colleges will at some time learn from us to give therapeutics, and especially an exact system of therapeutics, a larger place in the curriculum; but they do not do so today, though a course in a homeopathic college as given today trains the student thoroughly in pathology and diagnosis. The chief defect of the homeopathic course is that it leaves the student with an exalted idea of what his therapeutics can accomplish, and this exaggeration should be

corrected by practical experience in a hospital where he will see patients dying or getting worse even under care of his most honord professors, or leaving the hospital because they are not getting any better. To my mind, this is the best system today for training a physician, a thorough drilling in homeopathic therapeutics and homeopathic thinking during his college course and a hospital course after that to correct the exaggerations that will spring up in every didactic course of therapeutics.

Therefore, in answering the question propounded, while I admit that there is a possibility of making a good homeopathic prescriber out of a graduate of an allopathic college, actual experience shows that very few of them, even when sons of homeopathic physicians, ever practice homeopathy or take any interest in it. Actual experience seems to show to me that the best training for the practice of medicine today is a course in a homeopathic college, supplemented by practical experience in a hospital.—North American Journal of Homeopathy.

MATERNAL IMPRESSION?

By Augustus G. Pohlman, M. D., Indiana University, Bloomington, Ind.

There is probably no subject that the majority of thinking people know less about than the relation of the mother to her unborn child, and still nearly everyone knows about maternal impression. It is one of those intangible, matter of fact, mysterious things that, like other superstitions of its kind, is widespread and deeply rooted. We may define maternal impression, to avoid quibbling, as an alleged influence exerted by the mother upon the developing offspring—and the influence may be mental or physical, depending on the causing factor in the party of the first part. According to this doctrine, emotions, frights or even physical disturbances in the pregnant woman may be registered upon the offspring, and some even go so far as to say that a continued mental attitude will affect the mental development of the embryo (prenatal culture).

Inasmuch as the superstition is widespread, we must define what maternal impression may be and what it may not be. Probably no child is born marked but what the mother can or will inadvertently remember some circumstance to account for the trouble. This is, however, merely human nature indulging in a process of reversed reasoning, and such cases must necessarily fall in the class of "postpartum" impressions. Maternal impression must consist in a bona fide fright, mental attitude,

or what you will, and the conveyance of a given marking to the child.

There are a number of points in this doctrine of maternal impression that we question: 1, the manner in which these impressions are carried over to the embryo; 2, the anatomical accuracy with which these defects (or advantages) locate themselves in the offspring; 3, the time limit set by the embryo for the registration of these alleged influences; and lastly, the statistics, or rather lack of statistics, on the subject.

The average layman accounts satisfactorily for the manner in which the impressions are conveyed from mother to child about as follows: The relation of mother to child is intimate; a disturbance or continued mental attitude on the part of the pregnant woman, because of her "sensitized" condition, alters the composition of her blood through release of certain fatigue products (for want of a better term); these substances pass over to the offspring and affect its development in general, or register themselves upon some particular part. This explanation would seem feasible, indeed, were it not for the fact that the relation of the mother to the child is not nearly as intimate as generally believed; that we are by no means certain that any specific "fatigue products" are released into the blood stream by a fright or emotion; that even if these substances are found in the circulation of the mother, it by no means implies that they will be found in the blood of the embryo; and lastly, the remarkable logic of the proposition that if a given cause produces an effect, the effect will surely reproduce the cause. It is at once obvious that no believer in the similia similibus curantur can at the same time grant the existence of this state of affairs.

A general law in heredity states that the male and female parents contribute equal parts of the hereditary material found in the fertilized cell, be it sweet-water polyp or man. The fertilized ovum is therefore potentially like the fertilized egg of the hen, with this exception, that the hen's egg contains all the nourishment necessary to develop the single cell to the chick stage minus, of course, the breathing, which the developing embryo arranges on its own account, and minus the warmth furnished by application of the maternal body or by an incubator. The human embryo is, generally speaking, quite as far removed from the maternal body as the laid egg is from the hen. The breathing apparatus of the chick becomes modified to absorb the necessary nourishment from the maternal blood stream and to cast the waste products into it. The two blood streams of mother and embryo, however, do not mix, but are

separated by a double membrane, one of maternal and the other of fetal origin. We do not know whether or not there is a selective activity on the part of the fetal membrane or whether the transfer of nourishment takes place by a process of diffusion or osmosis. We do know, however, that substances may circulate in the maternal blood and not be transmitted to the embryo, and that syphilis may be acquired by the offspring from the father and not passed over to the mother. It seems impossible to regulate even the size of the child by dieting (see this journal for July). The evidence, such as it is, may be said to be against the idea that substances are transmitted from the maternal to the fetal circulation—naturally with some exceptions.

However, granting that certain poisons or fatigue products are liberated in the maternal blood stream in fright or emotion, and granting that these substances are conveyed into the fetal circulation, let us consider for a moment the anatomical accuracy with which the impressions are registered. A fright at a mouse or a rabit produces hare-lip, while the scare at a duck results not in a duck's bill, but in webbing of the toes. If these impressions be true, what kind of a fright occasions the cleft palate that not infrequently is associated with hare-lip, and similarly what animal would a woman be frightened at to result in a webbing of the fingers? Carry the law of cause and effect one step farther. Say a woman is frightened by the two-headed steer or the four-legged chicken of the side-show, and actually dos give birth to a corresponding monstrosity, what did the cow or the chicken see to give rise to the originator of the trouble? The answer is that cows, pigs, and even chickens, are subject to congenital malformations not unlike those found in the human being, and might it not be possible that the causal factor in the chick obtains in man?

It was stated that a time limit was placed by the embryo for the registration of such major defects as cleft palate, multiplication in parts, webbing of fingers and toes, etc. All these defects must be registered before the close of the second month; as a rule, before the woman is absolutely sure that she is pregnant. At this time the most common physical disturbance is that of morning vomiting, and yet we find no mention in the text-books on pediatrics that this may account for persistent vomiting in children.

Without drawing the matter out, let us examine into the lack of statistics! Not how many mothers can give reasonable evidences of maternal impressions, but how many cannot? In other words, is there any pregnant woman but experiences some fright or emotion, and how many children are actually born

"marked"? Many mothers have been sure the baby would be marked, and almost take offense when the physician tells them it is perfect. Many mothers have been sure it would be a boy and it was a girl, and perhaps even twin girls. Many mothers have starved themselves that the child might be small, and it was not. Many mothers have trained their "subconscious mind" (sic) that their children might be beautiful, strong and intelligent, and they were not.

The writer is not attempting to convince anyone that there is nothing in this doctrine of maternal impression, prenatal culture, etc. I know that you have your own case of Mrs. ——, who saw or was frightened at —— and later gave birth to a child with —— (fill in the blanks yourself). But please don't take it as a fact; there are a few agnostics left, and a few more who are even convinced that there is absolutely nothing in it at all. If you happen on a case where a child is born with red hair and the father and mother are both brunettes, when they mention maternal impression inquire into the family history and you will find more red hair. We all of us are convinced of many things that are not so. We all know that if a child crosses its eyes often enough an d long enough it will become cross-eyed—in spite of the fact that it never happened. We all know that the Rocky Mountain sheep has enormous horns and that it uses the mto alight on when jumping from incredible heights—but they never do. The human being loves the mystical, and have it he must, even to maternal impression and kindred superstitions.—Dietetic and Hygienic Gazette.

A FAIR EXCHANGE

"Johnnie, did you take your cough medicine regularly in school, as I told you?"

"No, 'm; Johnnie Bubbs liked it, an' he gimme an apple for it."—Smiles.

A PARADOXICAL REPLY

"Doctor, do you think eye-glasses will alter my appearance?" inquired Mrs. Gunson anxiously.

"I shall at least expect them to improve your looks," replied the physician.—February Lippincott's.

IN DOUBT

"Did you have appendicitis?" said the insurance man.

"Well," answered the skeptic, "I was operated on, but I never felt sure whether it was a case of appendicitis or a case of professional curiosity."—Washington Star.

SOCIETY CALENDAR

National Eclectic Medical Association meets in San Francisco, June 14, 15, 16, 17, 1915. T. D. Alderman, M. D., New York, president; W. P. Best, M. D., Indianapolis, Ind., secretary.

Eclectic Medical Society of the State of California meets in San Francisco May, 1915. A. J. Atkins, M. D., San Francisco, president; H. F. Scudder, M. D., Los Angeles, secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 5, 1915. O. C. Darling, M. D., Riverside, president; H. C. Smith, M. D., Los Angeles, secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. H. T. Cox, M. D., Los Angeles, Cal., president; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, secretary.

NATIONAL ECLECTIC MEDICAL ASSOCIATION

Arrangements have just been completed for the hall reservations for the meeting of the National for June 14th, 15th, 16th and 17th, 1915. This brings the meeting one day earlier than was scheduled, but was the only arrangement that could be made in order to secure proper hall accommodations for our sessions.

Official headquarters Lankershim Hotel (European plan), rates $3.50 per day without bath, one or two persons in room; $4 per day with bath, one or two persons in room.

Meeting hall near by, seating 500, in Exposition Memorial Auditorium, at Civic Center.

June 18th to be set aside and known on the Fair Grounds as "Eclectic Medical Day." H. FORD SCUDDER, M. D.,
Chairman Committee on Arrangements.

CALL FOR ECLECTIC PAMPHLETS

Much demand there is, and much necessity as well, for a lucid presentation of the patriotic efforts that the Eclectic school of medicine has made during the past century in behalf of the therapeutic independence of the American people, as well as the medical profession. This seems to be now both a necessity of the people at large and of the various schools of medicine, none of the thinking members of which are now presumed to be unfriendly to a profession interested in the general welfare of one and all or prejudiced in behalf of a professional or scientific wrong that may be committed by persons in favor of any medical sect whatever.

At the meeting of the National Eclectic Medical Association in Indianapolis it was decided that a committee should be

appointed with the object of procuring expressive and fair presentations of the Eclectic cause, presented in as condensed form as possible, both to the medical professions of America, regardless of sect, and to the people who depend upon the professions of medicine for their care in sickness and for guidance in health.

This committee, with this object, calls, therefore, upon the friends of therapeutic progress and fairness to present arguments for two condensed leaflets, one to be addressed to laymen and for promiscuous distribution by physicians, with the object of bringing to the people of America the altruistic cause to which Eclectics for one hundred years have devoted their thought and care in behalf of the best interests of the people; the other designed for the entire medical profession of America, with the object of disseminating authoritative information regarding the altruistic aim and object of the Eclectic school of medicine, which for nearly a century has devoted its thought and care to the development of the American materia medica. This, it may be remarked, is not for any selfish purpose whatever, but with the hope of serving the opportunities of the entire medical profession of America, in which the Eclectic school of medicine is an active part.

With this object, the committee asks argumentative contributions, each devoted separately to the object named, and each contribution as strong as it can be made for the purpose mentioned, one addressed to laymen, the other to the intelligent medical profession as a whole. Neither of these should consume more than 5000 words, and each should be a fair presentation of the efforts of the Eclectic school of medicine in behalf of both the American medical profession and the American people, and explanatory of the century of effort the Eclectic medical profession has made in behalf of the American laymen. Those responding to this call are requested to send their contributions to Dr. John K. Scudder, 630 W. Sixth St., Cincinnati, Ohio.

JOHN URI LLOYD,
J. A. MUNK,
J. K. SCUDDER,
I. K. SCUDDER,
Committee.

COLLEGE NOTES

By Herbert T. Cox, M. D.

A. Goff, M. D., graduate of C. E. M. C., 1913, who has a position as assistant physician at the Battle Creek Sanatorium at Healdsburg, Calif., recently spent her vacation in the city visiting friends and relatives. The doctor likes her position very much and is doing well.

Dr. Munk is continually receiving allotments of seeds and plants from the Bureau of Plant Industry and from various sources in the East, which he is planting in the botanical garden near Compton. The list of plants to be found there is steadily increasing both in numbers and variety. One section is devoted to desert plants of Arizona, which seem to thrive luxuriously in their new environment. The medicinal plants cover a wide range from very small herbs to large, stalwart trees, and from the swamp plant that likes to grow in the shade by the brook to the plant with dryer habits which thrives in the open space with plenty of sunshine. It is indeed interesting to view these various medicines in the crude form as the Indian or primitive gatherer of herbs would find them.

It is with great regret that we report that J. G. Rhodes, one of the Sophomores, has had to discontinue his studies for the time being, on account of ill health.

When the Journal adds its funny sheet we have a good candidate in the Freshman class for cartoonist, and an able assistant in the Junior class. Anybody desiring to have events of interest cartooned might apply to Mr. Slanker or Mr. Prince at the college. They draw anything that flies, runs or crawls or does neither.

The Sophomore mascot bulldog recently captured two prizes at the Dog Show. The Sophomores are prize winners even down to the mascot.

Dr. Riddle, who graduated from E. M. I., Cincinnati, and whom many will remember spent his freshman year at the C. E. M. C., has located at Aragon, N. M.

NEWS ITEMS

Dr. Lewis Lee, formerly of Seabright, Cal., is now located at Potter Valley, Cal.

Died—Mr. Jesse Mercer Battle, president of Battle & Co., St. Louis, on Sept. 16th, 1914.

Wanted—Location by Eclectic graduate of 1905, who has recented moved to California from the East.

Dr. Enoch Mather announces the removal of his office from Detroit, Mich., to 228 Gratiot avenue, Mount Clemens, Mich.

For Sale—A doctor's home, office and practice; splendid climate, in Central California; easy work and good pay; small payment down and balance like rent. Address this office with stamp.

We are constantly receiving inquiries from doctors in the East who desire to remove to Southern California. If you know of a good location please communicate with this office.

There is an opening for a first-class Eclectic M. D. in north-

ern part of California. Well-to-do community, good schools, churches, etc.; no competition. If interested inquire of this office.

BOOK REVIEW

MODERN SURGERY: DA COSTA

W. B. Saunders Co., Philadelphia.

This is not only the seventh edition, but it is also a reste and recopyrighted edition. In other words, a new book from cover to cover. By this means it is maintained as a standard, authoritative work on surgery. There are many strong admirers of Da Costa, and each will appreciate the necessity of having his latest thought.

EVEN KISSES

He—"They say there are microbes in kisses!"

She—"Yes; everything is adulterated nowadays!"—Sketchy Bits.

NO PLACE FOR IT

An Irishman visited a tuberculosis exhibit, where lungs in both healthy and diseased conditions were displayed preserved in glass jars. After carefully studying one marked "Cured tuberculosis lung," he turned to the physician and said:

"Perhaps it's because Oi'm Irish, but if ye cured th' patient, how could ye have his lung in a bottle?"—Lippincott's.

A SHORT STAY ONLY

Prospective Patient—"What are your charges, doctor?"

Doctor—"Half a crown a visit."

Prospective Patient—"Ah, but we don't want you to come on a visit; we only want you to stay ten or fifteen minutes."—Leslie's Weekly.

A MEDICINAL MARATHON

Irate Doctor (finding bottle of quack medicine)—"Why didn't you tell me you were taking this wretched stuff?"

Patient—"Well, it was my misses, sir. She says, I'll dose you with this, and doctor he'll try his stuff, and we'll see which'll cure you first."—Punch.

Short-sighted Doctor (with his hand on the patient's bedpost)—"You say you feel feverish? But your forehead, my dear fellow, is as cool as it can be."—Bon Vivant.

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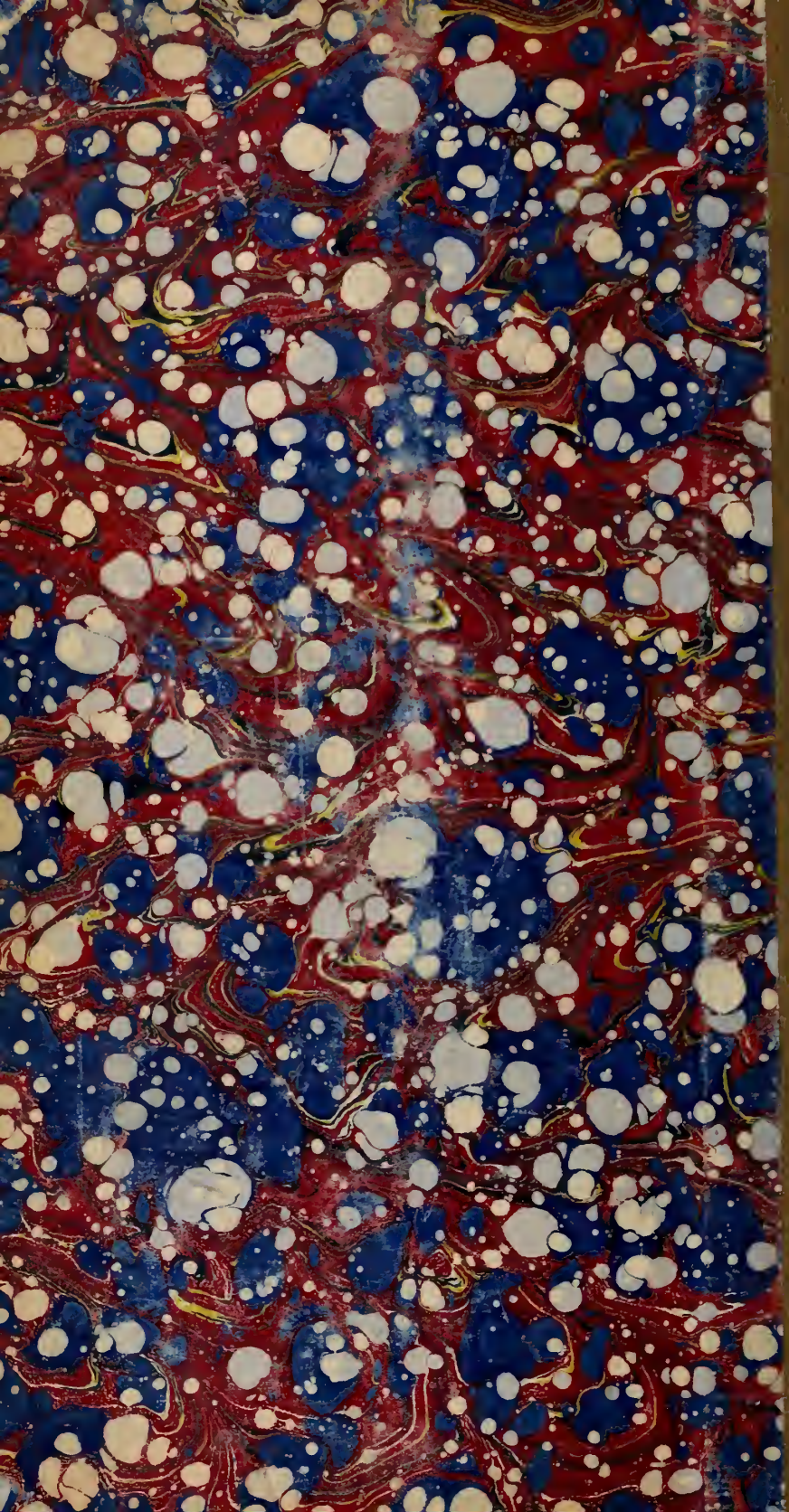
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